O.P. JINDAL INSTITUTE OF CANCER & [illegible] RESEARCH

Quality M[illegible]dable Cost

JIMS

382841116P

382841116F

ADMISSION RECORD

Admission Is Done Through: ☐ Emergency ☐ OPD

Cash	Haryana Govt.	ECHS	ESI	Others	
✓					

Patient
S/o,W/
Age:
Addres

UHID N
IPD No
Admitt
Date o
Time of Admission 3:00 Pm

Patient Name : SUNDER SINGH
Age/Sex : 59Y/M **D.O.R.** : 02-Jul-2022
Guardian Name : DIWAN SINGH
Consultant Name : Vivek Bansal, D.M.
Address : DHANI KHANBAHADUR,BARWALA(128) HISAR
305503/UHID **IPD No.: 6904/IAD/22O**
Mobile No. : 9812595472

Occupation:_____

Marital Status:
☐ Married ☐ Single
☐ Widow ☐ Spinster

Mob: 98125[illegible]972

Aadhar Card No.:
3036 4201 8878

Department:	Ward/Bed category:	Referred by Doctor/Hospital & Address:
J.	Twin	

Date of Discharge:	Length of stay:	Time When Consultant Approved Discharge:	Time When Patient Left The Clinical Unit:

Signature of Patient	Signature of Relative/Next of Kin	Signature of Admission Staff
	Pardeep Kumar (Son	2/7/2022

Exclusively For Doctor Use Only		ICD/ICDP Code
Admission Diagnosis		
Final Diagnosis		
Secondary Diagnosis		
Operation/Procedure with Date		
Complication		

Trauma Cases: (Put Tick(√) mark) Trauma In-charge Dr._____

MLC	~~Non MLC~~	MLR Jindal Hospital	MLR Outside

Triage Grade	☐ Red	☐ ~~Orange~~	☐ Yellow	☐ Green

Bed/Room Category Allotment							
	Date	2/7/22					
	From	Emr					
	To	Evening 3:40 Pm					

Result:

Unchanged	Worse	Improved	Recovered	Expired	DOR	LAMA	Referred

ACTIVITY SHEET

Advance Deposit

Date	Amount	R.no./Bill No.	Sign	Date	Amount	R.no./Bill No.	Sign
2.7.22	5000/-						

Visit Charge/Procedure/Operation

Date	Consultant Name	Visit Bed Category/Operation & Procedure	Amount	Sign.
			Total Charges	

Services

Date	Pulse Oxymeter	Oxygen	Monitor	Nebulizer	Venti.	IABP	Others	Sign.
2/7/22	✓	✗	✗	✗	✗	✗	✗	[signature]
3/7/22	✓	✗	✗	✗	✗	✗	✗	[signature]
Total Charges								

JIMS

GSTIN : 06AATO1462C1Z1

DL No. 6376-OB/R, 6376-B/R

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Model Town Hisar

Phone No.:01662-221169, 220511

Medicine Issue/ Consumption Slip Credit

Issue No.	: 70588/PIS/22O	UHID No.	: 305503/UHID	Date	: 03-Jul-2022
Patient Name	: SUNDER SINGH			Patient Type	: IPD (824-ECON)
Patient Add.	: DHANI KHANBAHADUR,BARWALA(128) HISAR			Reg. No.	: 6904/IAD/22O
Prescribed By	: Dr. Vivek Bansal, D.M. Gestroentrology			Ward	: Economy Ward (NS)
Department	: Pharmacy Store Retail			Req.App.Date	:

S.No.	Medicine Name	Req. No.	Qty.	Manuf. By	Batch No.	Expiry	MRP	Rate	Amount
1	GLOVES-EXAMINATION	58522/NRQ/22O	1	Best Care	1197	12/26	1,200.00	218.96	218.96
2	INJ-KLOT	58522/NRQ/22O	1	Shymax Laboratories	MBS-109A	03/23	15.00	7.53	7.53
3	INJ-OFRAMAX-FORTE-1.5GM	58522/NRQ/22O	2	Nitin Life Science Ltd	lcz0019	12/23	182.00	48.30	96.60
4	INJ-PANTOCID-IV-40MG	58522/NRQ/22O	2	Sun Pharmaceuticals	MHZ0015	01/24	49.95	12.88	25.76
5	INJ-TRAMASURE-100MG-2ML	58522/NRQ/22O	3	Mankind Pharma Ltd.	E3AAV020	02/24	23.48	10.21	30.63
6	INJ-TRAMASURE-100MG-2ML	58522/NRQ/22O	1	Mankind Pharma Ltd.	E3AAV016	02/24	23.48	10.21	10.21
7	IV-FLUID-NS-0.9%-100ML--NON-PVC	58522/NRQ/22O	3	Otsuka	2221750	03/25	19.65	13.46	40.38
8	SYRINGE-DISPO-10ML-BD	58522/NRQ/22O	3	Becton Dickinson India	2201508	12/26	31.00	5.04	15.13

Payment Mode

CTR

Amount 445.00

Gross Amount	:	-
Discount	:	-
Bill Amount	:	-
Net Amount	:	-

Amount in words : Four Hundred Forty Five Rupee Only

Please check the medicines before leaving counter.
Kindly produce original bill for return of goods.
Damaged goods & goods without expiry and batch no. will not be exchaged or returned.
All disputes subject to HISAR Jurisdiction only.

Prepared By : POANKI2585 Printed by POANKI2585 on 03-Jul-2022 11:39 Registered Pharmacist

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Patient identification/ SUNDER SINGH 59Y / M [illegible] Visit Serial. 0 M IPD [illegible] 5904/IAD/22O

Patients Name _____ UHID _____

IPD _____ Consultant _____ d _____

Date 2/9/22 Page No

INITIAL ASSESSMENT FORM

(To Be Filled By The Resident Medical Officer/Clinician On Admission)

Time of Reaching at the Ward : 3.30 pm **Time of Initial Assessment** 3.30 pm

Medico Legal Case: ☐ Yes ☐ No

Reason for Admission (Chief Complaints With Origin, Duration & Progress):

c/o Pain Abdomen, Breathlessness Diffuse since 2 days
- Acute HCVOMS

HISTORY

Allergies: ☐ No ☐ Yes if yes describe	
Drug/Food/Latex/Dyes/Contrast/Other:	Reactions
1.	
2.	
3.	

Current Medication/Treatment: Blood Thinner/Aspirin/Heparin/Other

Sr. No.	Name of Medicine	Dose	Frequency	Date/Time of last Dose
1				
2				
3				
4				
5				
6				
7				
8				

Past History:		
		If yes Since when
Hypertension	Yes/~~No~~	
Diabetes	Yes/~~No~~	
Tuberculosis	Yes/~~No~~	
IHD/CAD	Yes/~~No~~	
COPD/Asthma	Yes/~~No~~	
Epilepsy	Yes/~~No~~	
Others CAD.	~~Yes~~/No	

Personal History			
		If yes	
Smoking	~~Yes~~/No	Since	Per day
Alcohol	~~Yes~~/No	Since	(Frequency)
Drugs	Yes/~~No~~	Since	(Frequency)
Tobacco	Yes/~~No~~	Since	(Frequency)
Diet	~~Veg~~/Non-Veg.	Since	(Frequency)
Others			

Last Meal: - Tooda Meals

Event Leading Up to

Past Medical/Surgical /Obs-Gynae/LMP/Hospitalization History: - Nil

Family History:			
Hypertension	Yes/No	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Any others chronic disease	Nil

Declaration By The Patient/Relative/Next of Kin/Accompanying Person

I hereby declare that the facts recorded above are based on my narration & are accurate to the best of my knowledge.
मैं घोषणा करता/करती हूं कि बताए गए उपरोक्त तथ्य व कथन मेरे जानकारी के आधार पर सत्य एवं सही है।

Name of Patient/Next of Kin/Relatlive:
मरीज/रिश्तेदार/निकटतम परिजन का नाम : Pardeep Kumar Relationship सम्बन्ध Son

Signature: Pardeep Kumar Date: 2/7/22 Time: 4 pm

Vitals:

GENERAL PHYSICAL EXAMINATION

Time	Pulse	BP	RR	SPO_2	Temp.	Pain score	GCS
4 pm	96	120/7	20	96%	98	0	15

Head/Eye/Nose/Throat/Neck:

Chest/Lungs:

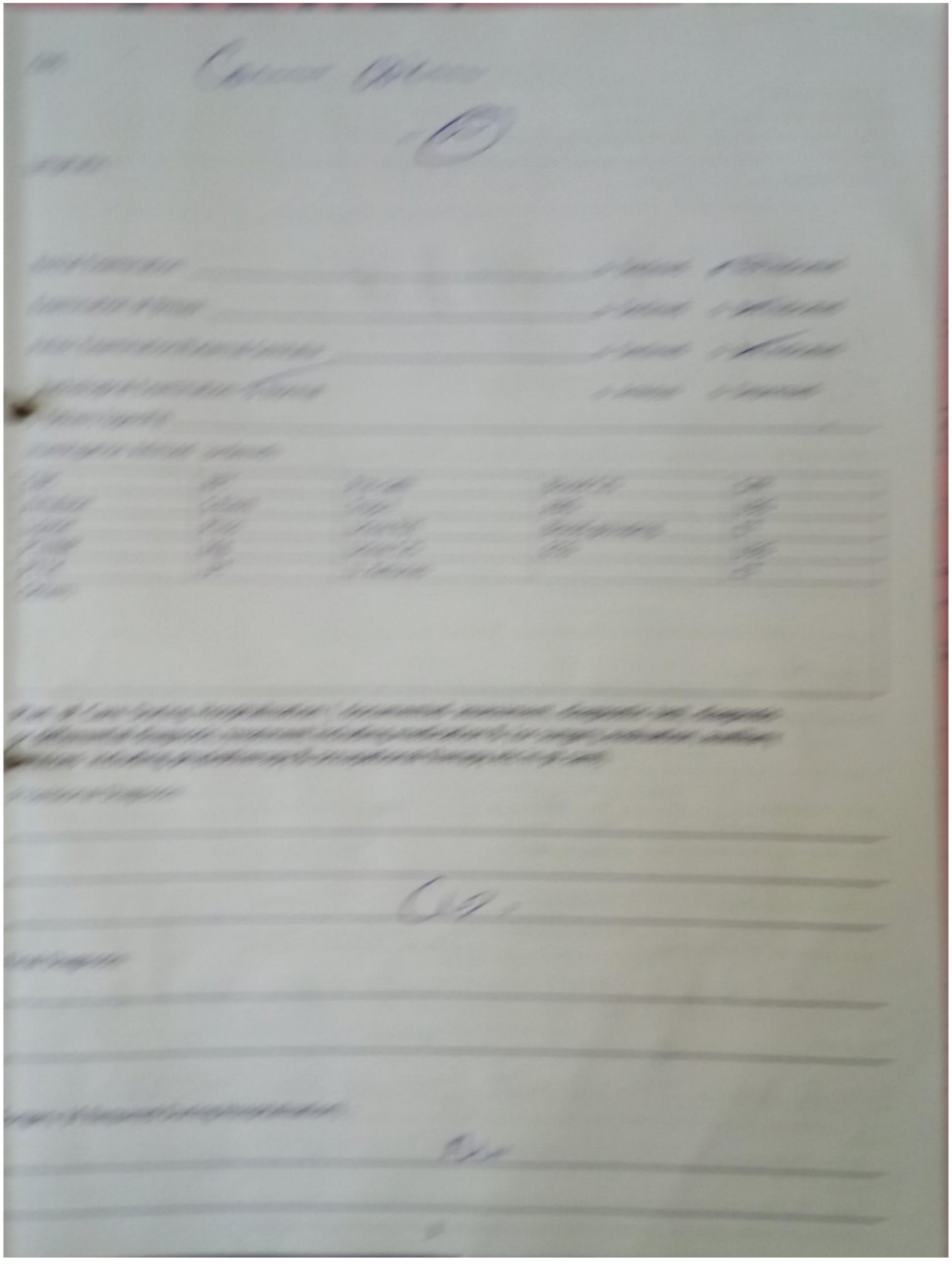
CVS:

Abdomen:

Extremities/Spine:

Nil

Skin:



o Intervention o Conservative

If intervention name the procedure's

Approximate Length of Stay For Treatment

Antibiotics/Iv Fluid/Causative Treatment/Analgesia/Sedation/Blood Transfusions/Diabetic Drugs(Oral or Insulin plan)/Others

ENT Consult Dr JK OP

Other Specific Investigation/Others (e.g Steam Inhalation/Head Position)

Intent of Treatment :

o Curative o Symptomatic relief o Preventive o Rehabilitative o Palliative

Desired Results of Treatment & Care of Service

Cross Reference: o Yes o No

Diet Recommended: o Yes o No

Physiotherapy Recommended: o Yes o No

Name of the Doctor/s :

Educational Need:

o Preventive aspects o Medication o Others

o Infection control o Use of equipment

To be done by RMO/Registrar	Verified by the Consultant
Name of: Dr. Ashwini	Name: DR. Vivek Bansal
Signature:	Signature:
Date: 2/7/22 Time: 3.45pm	Date: 2/7/22 Time: 7pm

Note:

. Within 10 Minutes in case critical patients in Casualty and within 30 Minutes for non-critical patients in Casualty.

. Within 30 Minutes after patient is received in the ward/Critical Care Areas by nursing department

. Within 24 hours, plan of care to be acknowledged by the Consulting Physician.

NURSING INITIAL ASSESSMENT
(To Be Filled By The On Duty Nursing Staff On Admission)

Name of Nursing Staff Doing Assessment : Monika Signature M

Time of Starting Assessment 3:45 PM Time of Completing Assessment 4:15 PM

Primary language spoken by: Hindi/Haryanvi/English/Punjabi/Others Hindi

Date & Time of Completing The Assessment 2/7/021 4:15PM Signature Monika

1. Allergies: Drug/Food/Latex/Dyes/Contrast/Other

If known/suspected allergies to:
Name of medication & description of reaction _____

Reaction to previous transfusion: ☐ Yes ☐ No If yes, brief description of reaction _____

Informant:	☑ Patient	☐ Other	Relationship:	
Mode of access:	☐ Ambulatory	☐ Wheel Chair	☐ Stretcher	☐ Other:_____
Transported with:	☐ Oxygen	☐ Monitor	☐ IV	☐ Other:_____
From:	☐ Home	☐ ER	☑ OPD	☐ Other:_____

2. Functional Assessment Activities of Daily Living:

	Usual Level	Level on Admission	Score
Can Perform ADL	I	I	Level 0 - Independent, requires no supervision assistance or teaching Level 1 - Requires supervision &/or teaching Level 2 - Requires at least minimum assistance from another person Level 3 - Dependent & does not participate
Bathing	I	I	
Feeding	I	I	
Toileting	I	I	
General Mobility/Gait	I	I	
Climbing Stairs	I	I	
Walking	I	I	
Dressing/Grooming	I	I	

3. Vulnerable Patient Assessment & Interventional Plan

Identifying Vulnerable Patients

☑ Patients below the age of 16 Years	☑ Mentally challenged patients
☑ Patients above the age of 65 Years	☑ Patient in ICU
☐ Female patients without relative	☐ Patients under restraints
☐ Women in labour	☐ Patient requiring end of life care
☐ Sedated patients	☐ Patients on Immunosuppressive/ Chemotherapeutic agent.
☐ Patient under the effect of anesthesia	☐ Patients receiving high risk medications
☐ Unconscious patients (comatose)	☐ Patients who cannot perform activities of daily living (ADL)
☐ Patient prone to fall	☐ Foreign nationals
☑ Terminally ill Patients	☐ Victim of abuse & neglect
☐ Physically challenged patients (e.g. visual & hearing imparity)	

Interventional Plan Vulnerable Patient

1. Reception, registration staff identifies and facilitates the registration and admission of vulnerable patients by giving them priority and reducing their waiting time.
2. For OPD patient, vulnerable patients will be written on the prescription slip in dark & bold letters/pink stickers will be pasted.
3. Facilitation for their transportation to the destination like specific OPD or ward is done by staff at reception with the help of attendant posted there. Wheelchair / stretcher is arranged, if required.
4. Provide prompt attention, service and minimize waiting times in OPD & diagnostics.
5. Once the patient is identified as vulnerable a pink color band shall be placed on wrist by the nursing staff at the wrist.

6. Pink board written with patient safety first is hanged on the head end of the bed/private room doors of the Vulnerable Patients (except for children on pediatric units, high dependency unit patients & intensive care units, as all these are taken as a vulnerable).
7. Informed consent is taken from all vulnerable patients.
8. The hospital does not encourage the admission of vulnerable patients without an attendant. Only in case of an emergency the hospital provides immediate medical treatment, and the concerned ward in-charge/staff try to locate his / her family member or responsible attendant.
9. The mentally challenged are not admitted in the hospital, if their legal guardian does not accompany them.
10. The hospital provides special attention and care to the physically challenged patients visiting the hospital. Any physically challenged patient is assisted by the staff in the hospital.
11. Patients will be monitored using scales as per point CAPS score of this document.
12. Vulnerable patients will not be left alone at any given time.
13. Female patients and children of both genders will be attended for their physical interventions such as bathing and toilet by a female attendant / ward nurse.
14. Floor shall not be slippery & will be kept dry at all times.
15. Special requests made by the patient/family will be respected.
16. Regular monitoring will be ensured by supervisory staff to ensure the safety and security of vulnerable patients.
17. Seat belts are used while transporting the patients by stretcher or wheel chairs
18. Side rails are put up beside the bed throughout the hospital stay
19. Family members of vulnerable patients are educated by nursing staff / doctors on various safety precautions needed to be taken for the patient
20. Special care is given to elderly bed-ridden, diabetic patients to prevent pressure ulcer.
21. Activities of daily life care will be provided with special cautions.
22. Risk management will be done using the following scales & interventional management plan
    a. Modified Morses Fall scale
    b. DVT(deep vein thrombosis) risk assessment form
    c. Glascow-coma scale
    d. Ramsay scale(this is used to assess delirium)
    e. Aldrete scale for recovery from sedation
    f. Pain scale
    g. Temp. monitoring

CAPS Score (Comprehensive Assessment of Postural System)

Criteria	Score		Date & Time
Patient details			2/7/022
Age(<16 or > 65 years)	Yes-20	~~NO-0~~	3:50PM
Language or hearing barrier	Yes-15	~~NO-0~~	
Family support	Yes-10	NO-0	
International patient	Yes-10	NO-0	
Medication			
High risk drugs	Yes-20	~~NO-0~~	
Number of drugs(>8)	Yes-20	~~NO-0~~	
Blood transfusion	Yes-15	NO-0	
Equipment			
Ventilator/BIPAP	Yes-10	NO-0	
Syringe infusion pump	Yes-10	NO-0	
Airway			
Tracheostomy /ETT	10		
Nasal canula/face mask	5		
None	0		
Clinical			
High risk diseases(critical care, cardiac, neurological)	Yes-10	NO-0	
High risk surgery(transplant, cancer,cardiac,brain,aortic, other surgery)	Yes-10	NO-0	

Fall risk			
History of fall(within 1 year)	Yes-10	No-0	
Secondary Diagnosis	Yes-10	No-0	
Mobility aid/ambulatory aid			
• Furniture	30		
• Crutches/cane/walker	15		
• None/bed rest/wheel chair/nurse	0		
IV/Heplock	Yes-10	No-0	
Gait-dependent/transferring			
• Impaired	20		
• Weak	10		
• Normal/bed rest/ Immobile	0		
Mental status			
• Forgets limitations	15		
• Oriented to own ability	0		
Total Score	20 (M)		
Staff Initials			

Total score(≥45 high risk, <45 low risk)

- Patients with CAPS score with less than 45 will be re-assessed in every 24hrs.
- All vulnerable patients will be reassessed at-least twice a day.

4. Safety Assessment (Improve Staff Communication)

Orientation patient if: ☑ Conscious ☐ Unconscious ☐ Disoriented ☐ Time of Arrival

☐ Room ☐ Bed controls ☐ Television ☐ Bathroom ☑ Nurse call
☑ Smoking policy ☐ Telephone ☑ Visiting policy ☐ Light control
☐ Emergency light ☐ Toilet bell patient information ☑ Side rail
☐ Use of foot stool ☐ Hand book given

5. Disposition of valuables: ☐ Sent Home ☐ With Patient ☐ With security ☑ With relative
Medicines brought from home: ☐ Yes ☐ No
Dentures: ☐ Upper ☐ Lower ☐ Partial
Hearing Aid: ☐ Right ☐ Left
Eye glasses: ☐ Yes ☑ No
Contact Lenses: ☐ Yes ☑ No
Jewelries: ☐ Yes ☑ No If yes, specify_____
Others(Specify):_____

Name, Relationship & Signature of Person to Whom Valuables are Given: _____
Pardeep (Son) Pradeep Kumar

6. Fall Risk Assessment & Intervention Plan

Re-assess patient: ☑ Daily ☐ Post Operation/Procedure ☐ Upon Transfer
☐ Change in Condition ☐ After all

Modified Morse Scale			Circle only one number in each criteria						
			Date →	2/7/022	3/7				
Criteria			Time →	3:55 PM	9				
	1	History of fall (including current admission & last 12 months)	No	0	0	0	0	0	0
			Yes	25	25	25	25	25	25

Fall Risk Score	2	Has a secondary diagnosis(Eg. Hypertension, Parkinson, Neuropathy): 2 or more risk medication(Eg. PCA/Opiates, anti convulsants, anti-hypertensive's, diuretics, hypnotics, laxatives, sedatives, anti depressants, insulin/oral hypoglycemic & psychotropic's)	No	0	0	0	0	0	0	
			Yes	15	15	15	15	15	15	
	3	Reviews: intravenous therapy/heparin/ normal saline lock(IV access)	No	0	0	0	0	0	0	
			Yes	20	20	20	20	20	20	
	4	Uses of ambulatory aid: None/Bed rest		0	0	0	0	0	0	
		Crutch/Quad cane/ Walking frame/Nurse assist/Walking aid		15	15	15	15	15	15	
		Hold on to furniture		30	30	30	30	30	30	
	5	Gait is: Normal		0	0	0	0	0	0	
		Gait is: Weak/Bed rest/Wheel chair(need assistance)		10	10	10	10	10	10	
		Gait is: Impaired		20	20	20	20	20	20	
	6	Mental Status: Oriented to own ability		0	0	0	0	0	0	
		Mental Status: Overestimates/ forget limitations(including post operation/ sedation & medication that might cause drowsiness)		15	15	15	15	15	15	
		Total Score		30	30					
		0-24	**Low Risk(LR)**	✓	✓					
		25-44	**Medium Risk (MR)**	✓	✓					
		45 & above-	**High Risk(HR)**	✓	✓					
Standard precautions for all/low risk patients from step 1 to 7										
1	Ensure call bell is in working condition, instruct patient on usage & place it within reach			✓	✓					
2	Educate patient/family on fall risk & advise to call for assistance. Fall risk prevention advise is given to patient education handbook.			✓	✓					
3	Place bed in the lowest position with brakes locked(not applicable to cot)			✓	✓					
4	Ensure upper side rails are raised at all times			✓	✓					
5	Advise patient on postural hypotension			✓	✓					
6	Advise on effects on medication/sedation/ anesthesia as appropriate			✓	✓					
7	**Non-compliance to fall risk precautions.** Document in nursing care plan			✓	✓					
Standard precautions for medium patients from step 1 to 10										
8	Place fall risk signage & educate patient/family			✓	✓					
9	Assist patient with transfer/ambulation			✓	✓					
10	Ensure patient has pink wrist tag			✓	✓					
Standard precautions for high risk patients from step 1 to 15										

11	Assist patient in all daily activities. Remains with patient while toileting						
12	Ensure all side rails are raised. Indicate "R" if refused						
13	Encourage sit in companion & advise to inform nurse if he/she is leaving the room						
14	Conduct 2 hourly nursing rounds.(4Ps: Potting, Positioning, Proximity of possession, Pain)						
15	Apply physical restrainer if necessary(if restrained is used, restrained chart is instituted)						
		Nursing Initial					

Plan of Action: ☑ Physical Restraint ☐ Chemical Restraint ☑ Others (Explain)

7. Skin Assessment

Bed sore present at the time of admission: ☐ Yes ☑ No

If yes, location _____ Stage _____ Size _____

Incident filled by Monika Signature _____ Date & Time 2/7/022 4PM

BRADEN SCALE- For Predicting Pressure Sore Risk

SEVERE RISK: Total Score 9 **HIGH RISK**: Total Score 10-12
MODERATE RISK: Total Score 13-14 **MILD RISK** 15-18

RISK FACTOR	SORE/DESCRIPTION				Date of assess 2/7/22	1-4
SENSORY PERCEPTION Ability to respond meaningfully to pressure-related discomfort	**1.COMPLETELY LIMITED**- Unresponsive(does not moan, flinch or grasp)to painful stimuli, due to diminished level of consciousness or sedation OR Limited ability to feel pain over most of body	**2.VERY LIMITED**- Respond only to painful stimuli. Cannot communicate discomfort except by moaning or restlessness, OR Has a sensory impairment which limits the ability to feel pain or discomfort over1/2 of body	**3.SLIGHTLY LIMITED**- Respond to verbal commands but cannot always communicate discomfort or need to be turned, OR Has some sensory impairment which limits ability to feel pain or discomfort in 1 or 2 extremities.	**4. NO IMPAIRMENT**- Respond to verbal commands. Has no sensory deficit which would limit ability to feel or voice pain or discomfort.		4
MOISTURE Degree to which skin is exposed to moisture	**1.CONSTANTLY** MOIS-Skin is kept moist almost constantly by perspiration, urine, etc. Dampness is detected every time patient is moved or turned	**2 OFTEN MOIST** - Skin is often but not always moi st. Linen must be changed at least once a shift.	**3.OCCASIONALLY MOIST**-Skin is occasionally moist, requiring an extra linen change approximately once a day	**4.RARELY MOIST**-Skin is usually dry, linen only requires changing at routine intervals.		4
ACTIVITY Degree of physical activity	**1 BEDFAST** - Confined to bed.	**2.CHAIRFAST**-Ability to walk severely limited or nonexistent. Cannot bear own weight and/or must be assisted into chair and wheelchair.	**3.WALKS OCCASIONALLY**- Walks occasionally during day, but for very short distance, with or without assistance. Spends majority of each shift in bed or chair	**4.WALKS FREQUENTLY**- Walks outside the room at least twice a day and inside room at least once every 2 hour during walking hours.		4

MOBILITY Ability to change and control body position	**1.COMPLETELY IMMOBILE**-Does not make even slight change in body or extre position without assistance.	**2.VERY LIMITED** - Make occasional slight change in body or extremity position but unable to make frequent or significant change independently.	**3.SLIGHTLY LIMITED**-Make frequent though slight change in body or extremity position independently.	**4.NO LIMITATION** - Makes major and frequent changes in position without assistance.	4
NUTRITION Usual food intake pattern NPO: Nothing by mouth, I.V:intravenou sl y TPN: Total parenteral nutrition	**1.VERY POOR** - Never eats complete meal. rarely eat more than 1/3 of any food offered. Eats 2 serving or less of protein.(meat or diary product) per day. Takes fluids poorly .Does not take a liquid dietary supplement OR Is NPO and/or maintained on clear liquid or IV for more than 5 days	**2.PROBABLY INADEQUATE** - Rarely eats a complete meal and generally eats only about ½ of any food offered. Protein intake includes only 3 serving will take a dietary supplement. OR Is on a tube f eeding or TPN regimen, which probably meets most of nutritional needs.	**3.ADEQUATE** - Eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy, product) each day. Occasionally refuses a meal, but will usually take a supplement if offered OR Is on a tube feeding or TPN regimen, which probably meats most of nutritional needs.	**4.EXCELLENT**- Eats most of every meal. Usually eats a total of 4 or more serving of meat and diary products. Occasionally eats between meals. Does not require supplementation	3
FRICTION AND SHEAR	**1 PROBLEM** - Requires moderate to maximum assistance in moving complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. Spasticity, contractures ,or agitation leads to almost constant friction.	**2 POTENTIAL PROBLEM**-Moves feebly or requires minimum assistance . During a move, skin probably slides to some extent against sheets, chair, restraints ,or other device. Maintains relati vely good position in chair or bed most of the time but occasionally slide down.	**3.NO APPARENT PROBLEM**-Moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times.		3
TOTAL SCORE	**Total score of 12 or less represents HIGH RISK**				22

Assessment Tracking Details

Sr. No	Date & Time	EVALUTOR SIGNATURE/ TITLE
1.	9/7/022 4:5 PM	

Name Last	First	Middle	Attending Physician	Record No.	Room/BedNo.
Surender Kumar			Dr. N. Bansal		824

Action Plan Initiated: ☐ Yes ☐ No

Other Skin Findings

A. Burn S. Scar L. Laceration U. Ulcer	E. Erythema C. Contusion R. Rash O. Others	Others • Fungal infection • Skin peel

8. Specific Needs

Sr. No	Specific needs	Yes/No	If yes, Describe	Action
1	Sensory impairment (hearing/visual)			
2	Is there a speech problem			
3	Does the patient have any artificial prosthesis			
4	Any other problem			

Report brought from the other hospital(X-ray, ECG, ECHO,CT, MRI, Lab investigation etc.):

Name of Patient/Relative: Sardarji Kumar Signature: Sardarji Kumar

9. SYSTEM REVIEW

NA-Not Applicable NSF- No Significant Findings

Pediatrics: ☐NA ☐NSF

Diet	Formula Feed: ☐Yes ☐No	Bottle Feed: ☐Yes ☐No	Breast Feed: ☐Yes ☐No	Warmed: ☐Yes ☐No

Teeth/Teething: ☐ Yes ☐No

Feeding Problem:

Diaper: ☐ Yes ☐ No | Toilet Training: ☐ Yes ☐ No | Word used for BM:

Immunization Status: As per schedule ☐ Yes ☐ No

For children under 2 years: Head Circ.: Chest Cric.: Abd Cric.:

Head: ☐NSF

Scalp: ☐ Dry ☐ Scaly ☐ Normal | Hair: ☐ Brittle ☐ Scanty ☐ Normal

Injuries/Other Findings

Eyes: ☐ NSF

Blurred Vision:	☐ Yes ☐ No	Double Vision:	☐ Yes ☐ No
Inflammation:	☐ Yes ☐ No	Pain:	☐ Yes ☐ No
Colour Blind:	☐ Yes ☐ No	Itching:	☐ Yes ☐ No
Pupils Abnormal:	☐ Yes ☐ No	Discharge:	☐ Yes ☐ No

☐ Swelling/Bulge | Others

Iris Colour: | Other: | Amount:

Ears: ☐NSF

Hearing Loss:	☐ Yes ☐ No	Tinnitus:	☐ Yes ☐ No	Dizziness:	☐Yes ☐No
Discharge:	☐ Yes ☐ No	Pain	☐ Yes ☐ No	Other:	

If yes to any ☐ Rt. ☐ Lt. ☐ Bilateral

Nose: ☐NSF

Congestion:	☐Yes ☐No	Sinus Problem:	☐Yes ☐No	Nasal Flaring:	☐Yes ☐No
Nose Bleeds:	☐Yes ☐No	Drainage:	☐Yes ☐No		

Amount of Bleed/Discharge: | Other:

Mouth: ☐NSF

Halitosis:	☐Yes ☑No	Bleeding gums:	☐Yes ☑No	Lesion:	☐Yes ☑No
Sense of Taste:	☐Yes ☑No	Dental Hygiene:	☐Yes ☐No		
Tongue of Changes:	☐Yes ☑No	If yes specify			

Throat/Neck: ☐NSF

Sore Throat	☐Yes ☑No	Hoarseness:	☐Yes ☑No	Lumps:	☐Yes ☑No
Swollen Glands:	☐Yes ☑No	Stiffness:	☐Yes ☑No	Dysphagia:	☐Yes ☐No

Neurological: (if any abnormality-do regular follow-up with neuro vital signs chart)

Headache:	☐Yes ☑No	Memory Changes:	☐Yes ☑No	Weakness:	☐Yes ☑No
Dizziness:	☐Yes ☑No	Sensory Symptoms:	☐Yes ☑No	Gait Problem	☐Yes ☑No

Consciousness:

☑ Awake & Alert ☐Awake but confused ☐ Drowsy ☐ Comatose ☐ Sedated

Oriented To:

Person:	☑Yes ☐No	Place:	☑Yes ☐No	Time:	☑Yes ☐No

Speech: ☑Normal ☐ Aphasic ☐Slurred ☐Dysphonic ☐Other

If other, explain:

Glasgow Coma Score (GCS)

Eye Response	Motor Response	Verbal Response (Without Mechanical Ventilation)	Verbal Response (Under Mechanical Ventilation)
4.Spontaneous 3.To Speech 2.To Pain 1.Absent	6.Obeyes Command 5.Localizes Pain 4.Withdraws(Flexion) 3.Decorticate(Flexion) Rigidity 2.Decerebate (Extension) Rigidity 1.Absent	5.Converses/Oriented 4. Converses/Disoriented 3.Inappropriate 2.Incomprehensible 1. Absent	5.Appears Directed 3. Directional Step Question 1. Broadly Without Answer

Pupils:

Pupil Size (mm) 1 2 3 4 5 6 7 8

R-Reactive NR-Non Reactive

Size (mm): Right Left **Shape:** ☑Normal ☐ Abnormal (explain)

Reaction: ☐ Brisk ☐ Sluggish ☐ Absent

Extra-Occular movement: ☐ Complete in all directions ☐ Restricted

Facial Symmetry: ☐Symmetric ☐Asymmetric Abnormal side

Power: Focal Weakness ☐Yes ☑No If yes: ☐UL ☐LL ☐Both Side: ☐Right ☐ Left

Sensory Symptoms: ☐Yes ☑No If yes: ☐UL ☐LL ☐Both Side: ☐Right ☐ Left

Gait: ☑Normal ☐ Abnormal(explain)

Respiratory: ☐NSF

Load Sounds:

Dyspnoea: ☐ None ☐ With activity ☐ At Rest ☐ Lying Down ☐ Retraction

Cough: ☐None ☐ Non-Productive ☐ Productive: Colour Amount

Night Sweats: ☐Yes ☑No Hemoptysis: ☐Yes ☑No

Cyanosis: ☐Yes ☑No If yes, Where:

Tracheotomy/ETT: ☐Yes ☑No Oxygen Therapy: ☐Yes ☑No Ventilator: ☐Yes ☑No

Others:

Cardiovascular: ☐ NSF

Chest Discomfort ☐ Yes ☑ No Edema ☐ Yes ☑ No if yes, location ☐ Pitting ☐ Non-pitting

Pace Maker: ☐ Yes ☐ No Type Date inserted:

Other

Extremities-Musculoskeletal: ☐ NSF

Skin: ☐ Warm ☐ Cool ☐ Dry ☐ Firm ☐ Flaccid Colour

Joints: Contractures ☐ Yes ☑ No Explain

Joints:	Pain: ☐ Yes ☐ No	Stiffness: ☐ Yes ☐ No	ROM: ☐ WNL Other:
	Swelling: ☐ Yes ☐ No	Deformity: ☐ Yes ☐ No Explain:	
	Tenderness: ☐ Yes ☐ No		

Spine: ☐ Normal ☐ Abnormal Explain:

Gastrointestinal: ☐ NSF

Appetite: ☐ Yes ☐ No	Nausea: ☐ Yes ☐ No	
Vomiting: ☐ Yes ☐ No	Abdominal Distention: ☐ Yes ☐ No	Heartburn: ☐ Yes ☐ No
Flatus: ☐ Yes ☐ No	Colostomy: ☐ Yes ☐ No	Ileostomy: ☐ Yes ☐ No
Pain: ☐ Yes ☐ No	Haematemesis: ☐ Yes ☐ No	

Bowel

☐ No problem ☐ Diarrhea ☐ Constipation ☐ Incontinence ☐ Blood in stool

Pain: ☐ Yes ☐ No Haemorrhoids: ☐ Yes ☐ No Rectal Bleeding: ☐ Yes ☐ No

Other:

Frequency: Last bowel movement:

Interventions: ☐ None Laxatives: ☐ Yes ☐ No, if Yes Type Frequency

Enemas: ☐ Yes ☐ No if yes frequency

Others

Genitourinary: ☐ NSF

Colour of Urine: Frequency: Odor: ☐ Yes ☐ No

Flank Pain: ☐ Yes ☐ No Burning: ☐ Yes ☐ No

Difficulty in Initiation: ☐ Yes ☐ No Urgency: ☐ Yes ☐ No Incontinence: ☐ Yes ☐ No

Nocturia: ☐ Yes ☐ No Urostomy: ☐ Yes ☐ No

Hx of Calculi: ☐ Yes ☐ No Hx of UTI: ☐ Yes ☐ No

Foleys Catheter: ☐ Yes ☐ No Date of Insertion:

Reproductive: ☐ Female ☐ NA ☐ NSF

LMP:_____ Menopausal: ☐ Yes ☐ No Duration_____

Amenorrhea: ☐ Yes ☐ No Duration_____

Vaginal Discharge: ☐ Yes ☐ No Itching: ☐ Yes ☐ No

Breast: ☐ NA ☐ NSF

Breast Feeding: ☐ Yes ☐ No Nipple Discharge/Retraction: ☐ Yes ☐ No

10. Psychosocial/Cultural/Spiritual :

Occupation:_____ Level of Education:_____

Highest Level of Education:_____ Do you read &/or understand english ☐ Yes ☐ No

Learning Limitation: ☐ None ☐ Yes

☐ Hearing ☐ Vision ☐ Physical Deficits ☐ Known Reading Difficulty ☐ Agitated

☐ Social ☐ Calm ☐ Depressed ☐ Sleep Disorder ☐ Emotional Distress/Anxiety ☐ Anxious

Is there any way the hospital can accommodate your cultural or religious barriers or healthcare wishes?

☐ Yes ☐ No Specify:_____ Religion: Hindu

Stress/recent life changes(moving/family loss/divorce): ☐ Yes ☐ No

If yes describe

11. Nutritional Screening Form

- The first critical step in providing appropriate nutrition therapy is to identify those patients at risk for nutritional problems. For that reason, nutritional screening and assessment are fundamental components of a nutrition therapy program.
- Identify the characteristics associated with nutritional problems
- Identify patients at nutritional risk and the subsequent problems related to these deficiencies.
- Identify patients who will most likely benefit from nutrition therapy

Admission Diagnosis: _____

H/O DM, CAD, HT, CVA, Cancer, Gluten Allergy _____

To be done by the treating doctor/ attending nurse or a dietician if available within 24 hrs of admission.			
Sr. No	**Nutritional Parameters**	(√)Yes (×)No	**Remarks**
1	Insufficient energy intake	√	
2	Weight loss	×	
3	Loss of muscle mass	×	
4	Loss of subcutaneous fat	×	
5	Localized or generalized fluid accumulation	×	
6	Decreased functional status	×	
• **Note**-Presence of 2 or more yes, requires detailed nutritional assessment based on subjective global assessment(SGA)			

Nutritional Done By(Name): Mavika **Signature:** [signature] **Date & Time:** 2/7/20 4:10 Pm

12. Nutritional Assessment Form

- To be done by dietician/ treating team and advice regarding food. For e.g. Diabetic diet, high protein diet, total parental nutrition.
- Patient and/or family are educated about diet and nutrition.

Sr. No.	SGA Parameter	(√)Yes (×)No	Remarks
1	Weight changes- Involuntary increase or decrease in weight ≥ 10% of usual weight over 6 months or ≥ 5% of usual weight over 1 month		
	• Over the last six months		
	• During the past two weeks		
2	Changes in dietary intake		
	No change		
	Changes • Duration • Type ○ Inadequate conventional diet ○ Total liquid diet ○ Clear liquid diet (hypocaloric) ○ Fasting		
3	Gastrointestinal symptoms		
	• Nausea		
	• Vomiting		
	• Diarrhea		
	• Anorexia		
4	Functional Capacity • It is useful, for instance, to determine if a person's ability to work has decreased, if they are ambulatory, or are bedridden • The clinician records whether or not the patient has a decline in functional capacity; and if so, the duration and type of the dysfunction		

	Dysfunction • Duration • Type: • Ambulatory/ Bedridden		
5	SGA Diagnosis Information from the SGA process and the final rating of nutritional status help the physician to plan for and provide appropriate nutrition therapy to patients at nutritional risk. ☐Well-nourished ☐Moderately malnourished or suspected malnutrition ☐Severely malnourished		
6	Link between disease and nutritional requirements E.g. DM/CAD/Ulcerative colitis/renal failure /trauma/diarrhea/constipation/vomiting more then 2 days/a lcoholism/food allergy/pregnancy/lactation/pancreatitis/hepatic dysfunction/difficulty in chewing & swallowing/burns/anemia etc.		
7	Physical exam focused on nutritional aspects		

***Note:**

Weight loss over the last six months is recorded, and the percentage of that loss is calculated. Changes in weight over the last two weeks are also recorded. This is important to identify chronic and/or acute losses.

Dietician Notes/ Remarks

Dietician Name:_____ Signature_____ Date & Time 2/7/022 4:12PM

Patient / Relative: : Pardeep Kumar Signature Pardeep Kumar Date & Time 2/7/022 4:12PM

13. Assessment For Physiotherapy Referral

Physiotherapy referral is required in following situations			
Sr. No	**Assessment Parameter**	**(√)Yes (×)No**	**Remarks**
1.	Cardiac illness	✓	
2.	Orthopedic illness	✓	
3.	Neuromuscular weakness	✓	
4.	Tracheotomy/ET tube	✓	
5.	Age below 13 Yrs	✓	
6.	Assistance required during bathing/ambulation/dressing/grooming	✓	
7.	Unable to communicate/talk	✓	
8.	Unable to eat food/drink water	✓	

Physiotherapy Informed To:_____ Date & Time 2/7/022 4:13PM

14. Patient Education Compliance Surveillance Form

Please Tick (√) on the Appropriate Box

Sr. No.	Parameters	Briefed to Patient	Patient Attendants/Next to Kin	Remarks
1.	Patient orientation as in nursing initial assessment form	✓	✓	
2.	Preventive aspects of care	✓	✓	
3.	Proposed care plan	✓	✓	
4.	Provisional diagnosis	✓	✓	
5.	Intent of treatment	✓	✓	
6.	Expected costs	✓	✓	

Signature of Patient/Relative Acknowledgement Pardeep Kumar

Discharge Planning Form

(To be filled by doctor completing history & physical findings)

Please use (√) in the appropate

1.	Anticipated date of discharge			
2.	Source of information	Patient	Family	Friend
3.	Mental status	~~Patient~~ Conscious	Confused	Unconscious
4.	Admitted from	Emergency room	OPD	Other hospitals
5.	Living with	Spouse	Adult children/ minor	Others
6.	Will physiotherapy is required at home?	☐ Yes	☐No	
7.	Is home oxygen therapy is anticipated?	☐ Yes	☐ No	
8.	Are dressing needs at home anticipated?	☐ Yes	☐ No	
9.	Will Patient require transportation arrangement to go home	☐ Yes	☐No	
10.	Stairs to climb at home	☐ Yes	☐No No. of Floor ____	
11.	Is home medical equipment anticipated? If Yes, Name of Equipment	☐ Yes	☐No	
12.	Any other need anticipated	☐ Yes	☐No	
13.	Social worker consultation needed? Date/Time requested	☐ Yes	☐No	

Doctor's Signature DR. V. Bansal
Date and Time: 2/7/022 4:15 Pm

15. Patient & Family Nutrition Education For Home Care

Done on:(date)_____ Done by:_____

- ☐ Patient presently responsive/non-responsive to instructions
- ☐ Patient/family instructed on the current dietary needs
- ☐ Nutritional guidance given to the patient/family for home meal plan
- ☐ Written education material given to the patient
- ☐ Patient & family members show clear understanding of the nutritional counseling done

Patient/Relative Acknowledgement(SNDT) Pardeep Kumar 2/7/022 4:15 Pm

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Date

Patient identification/I
Patients Name _____
IPD_____Consultant

SUNDER SINGH
59Y / M
306803/UHID
Dr. Vivek Bansal, D.M
IPD [redacted]
6904/IAD/22O

UHID____
rd _____

Page No

ESTIMATE FORM

To Be Filled by Ward Supervisor/Counselor

Patient Profile

Patient Name: Synder Singh Age: 59 Sex: M

UHID No.: 30503 Date of Admission: 2/7/22

Consultant Name: DR. VIVEK Bansal Department: ECHO-1

Diagnosis: CKD

Procedure Planned: _____

PACKAGE : ☐ **YES** ☑ ~~**NO**~~

If "YES" package amount Rs._____ with _____days of hospital stay.

If "NO" predefined package then cost estimate is as follows:-

Room Categorywith Charge (Kindly tick on appropriate room category):

☐	RMC01	Room Bed Charges-GW	250
☐	RMCO2	Room Bed Charges-B Type	880
☐	RMCO3	Room Bed Charges-A Type	990
☐	RMC04	Room Bed Charges-C Type	1290
☑	RMCO5	Room Bed Charges-ECM	1100
☐	RMC06	Room Bed Charges-DLRS-NC	1980
☐	RMC07	Room Bed Charges-DLRD-NC	1490
☐	RMC08	Room Bed Charges-SBT	1980
☐	RMC09	Room Bed Charges-DLRS-OP	2420
☐	RMC10	Room Bed Charges-DLRD-OP	1210
☐	RMC11	Room Bed Charges-SDR	3300
☐	RMC12	Room Bed Charges-EMR	720
☐	RMC13	Room Bed Charges-NSR	880
☐	RMC14	Room Bed Charges-HDU	1160
☐	RMC15	Room Bed Charges-BU	1160
☐	RMC16	Room Bed Charges-ICU	1870
☐	RMC17	Room Bed Charges-ISO	1980
☐	RMC18	Room Bed Charges-DCR	440
☐	RMC19	Room Bed Charges-CDCR	440
☐	RMC20	Room Bed Charges-CDCR-S	550
☐	RMC21	RMC21-Bed Charges of Attendant (Patient Relative)	30

Visit Char es CODE (MD/MS)			
☐	VSTO1	Visit Fees SPL.GW	105
☐	VSTO2	Visit Fees SPL.PW/EMR/HDU/Chemo Spc1	210
☐	VSTO3	Visit Fees SPL.SD/SBT/DLRS/DLRD	265
☐	VSTO4	Visit Fees SPL.NSR/ICU/ISO	420
☐	VSTO5	Visit Fees SPL.BU	370
☐	VSTO6	Visit Fees SPL.Day Care	160
Visit Char es CODE (DM/MCH)			
☐	VSTO7	Visit Fees S.SPL.GW	160
☐	VSTO8	Visit Fees S.SPL.PW/EMR/HDU	315
☐	VSTO9	Visit Fees S.SPL.SD/SBT/DLRS/DLRD	420
☐	VST10	Visit Fees S.SPL.NSR/ICU/ISO	525
☐	VST11	Visit Fees S.SPL.BU/Chemo Spal	370
☐	VST12	Visit Fees S.SPL.Day Care	265
☐	VSTN13	Visit Fees Night	475

Admission Fees – Rs. 150

- Oxygen Charges – Rs.180 (Gen Ward) / 420 (PWICU) / 600 (Ventilator) (if applicable)
- Monitor Charges – Rs.350 (if applicable)
- Ventilator Charge – Rs.1600 (if applicable)
- Surgery Fees, OT Fees, Anesthesia Fee, Blood Unit Charges, Consumables, Medicines and Investigations Extra as per actuals.

Investigation Expenses: Rs. _____ (As per Actual on Doctor Advice)

Drugs &Disposable: Rs. _____(As per Actual on Doctor Advice)

Implant Cost Rs. _____ (As per Actual if needed on Doctor Advice)

Surgery Cost Rs. _____(Surgeons Fees + OT + Anesthesia + Assistant + OT Consumables)

Any Other Consultants Rs. _____visit per day (If Your Doctor Advice)

Any Special Investigation Rs. _____ (As per Actual on Doctor Advice)

Blood Required: Yes o No o (to be charged as per actual)

Estimate Amount

In case of Surgery 1/10 Bed Charge + 320 DR visit +

In case of Conservative Treatment Pulse oxymeter + Nebulizer +

Remarks (If Any) Medicine + Investigation as per dr advice

Exclusions

- Room Retained by attendants during patients stay in ICU will be charged extra.
- Stay of more than that included in the estimate will be charged as open billing in different heads
- Drugs on advice of doctor at subsidized rates from hospital pharmacy of genuine company.

Note:

- The above estimate has been prepared keeping in view the normal conditions of the patient during treatment; however the actual cost may significantly vary depending upon the clinical condition, severity of diseases or any un foreseen emergency / life threatening condition of the patient.
- Incase patient has to undergo multiple procedure/surgery, the charges for operation theatre, surgeons fees, anesthetist fees, investigations, medicines, consumables, implants etc will be charged extra as per the hospital policy.
- Estimate will significantly vary in case you opt for higher or lower room type Equipment charges as applicable for the patient will be charged extra as per the hospital policy.
- Bed side procedure charges are charged extra as per schedule of charges for the hospital.
- In case patient requires isolation room during his/her stay at the hospital the same will be billed as per the policy of the hospital
- Blood Component-Reservation, Testing & Processing charges are as per actual consumption
- Drugs, Consumable Charges as per actual consumption. Incase of packages any drugs & consumables not included in the package will be charges as per actual.
- Emergency Charges are applicable for all patients admitted, operated, treated, investigated or undergoing procedures from 8:00 PM to 6:00AM from Monday to Saturday, 24 Hours on Sunday & Public holidays.
- Incase any investigation, treatment or procedure is done through outsourced agency then actual rates for the same services/products will be applicable.
- Extra Food/Beverage or Special Food/Beverages ordered for the patient, apart from the one prescribed by the dietitian will be charged as per actual.
- All patients need to maintain positive (credit) balance with respect to billing.
- Deposit amount linked to the surgery/procedure/treatment needs to be paid to the hospital prior to initiating the treatment.
- Incase any additional procedure is required due to contingencies or to save life of the patient, during the course of treatment the same will be duly carried out and the necessary cost will be intimated for approval / information by the treating Doctor.
- I have understood everything explained to me including In patient Guidelines. I guarantee to adhere by the hospital schedule of charges against my patient medical requirement / consumption & take full responsibility of clearing bill & balance for the same.
- I have been counseled for surgery, procedure, investigations, drugs, consumables, rooms rents (Class Upgrades, Downgrades) etc. I have given my consent for the same.

ध्यान दें

- बताये गया अनुमानित खर्च उपचार के दौरान रोगी की सामान्य परिस्थितियों को ध्यान में रखते हुए तैयार किया गया है। वास्तविक लागत अगर इलाज के दौरान रोगी की अचानक होने वाली आपातकालीन अवस्था / ऐसी स्थिति में खर्च अनुमान से अधिक हो सकता है।
- अगर एक से अधिक सर्जरी करनी पड़ती है उस स्थिति में ऑपरेशन थियेटर के लिए शुल्क, सर्जन की फीस, एनेस्थेटिस्ट फीस, दवाएं, कंज्यूमेबल , इम्प्लांट आदि का शुल्क अस्पताल के बनाये गये नियमों के अनुसार अतिरिक्त शुल्क लिया जाएगा।
- अनुमानित खर्च आपके द्वारा चुने गये कमरे के अनुसार अलग-अलग हो सकता है।
- मरीज के इलाज के लिए उपयोग में लाये गये उपकरणों का अस्पताल के नियमों के अनुसार अतिरिक्त शुल्क लिया जायेगा।
- बेड साइड की जाने वाली प्रक्रिया के लिए शुल्क अस्पताल द्वारा निर्धारित किये गये शुल्क के अलावा अतिरिक्त लिया जायेगा।
- ऐसी स्थिति जिसमे मरीज अस्पताल में रहने के दौरान यदि अलग कमरे की मांग करता है तो उसमे अस्पताल द्वारा निर्धारित किये गये शुल्क के अनुसार ही शुल्क लिया जायेगा।
- ब्लड कॉम्पोनेन्ट- रिक्वीजिशन , उसका परीक्षण और प्रोसेसिंग के शुल्क वास्तविक खपत के अनुसार लिए जायेंगे।
- दवाई, कन्ज्यूमेबल्स के शुल्क वास्तविक खपत के अनुसार लिए जायेंगे / ऐसी स्थिति जिसमे कोई दवा और कन्ज्यूमेबल्स पैकेज में नहीं है उनके वास्तविक शुल्क लिए जायेंगे
- आपातकाल शुल्क उन सभी मरीजों से लिया जायेगा जिनका एडमिशन, ऑपरेशन, ईलाज, जाँच या की जा रही प्रक्रिया सोमवार से शनिवार के बिच रात 8 बजे से सुबह 6 बजे के बीच किया गया हो। रविवार और पब्लिक हॉलिडे के दिन पुरे 24 घंटे आपात कालीन शुल्क लिए जायेंगे।
- ऐसी स्थिति जिसमे कोई भी जांच, उपचार या प्रक्रिया आउटसोर्स एजेंसी के माध्यम से किया गया है तो उन ही सेवाओं के लिए वास्तविक दरों/उत्पादों पर ली जायेगी।
- अतिरिक्त खाद्य / पेय या विशेष खाद्य / पेय पदार्थ रोगी के लिए मंगाया गया हो तो उसका वास्तविक शुल्क लिया जायेगा।
- सभी रोगियों को बिलिंग के संबंध में एडवांस (क्रेडिट) संतुलन बनाये रखने की हिदायत दी जाती है।
- जमा राशि सर्जरी / प्रक्रिया / उपचार से जुड़े इलाज शुरू करने से पहले अस्पताल में भुगतान करनी होगी ।
- इलाज के दौरान आपातकालीन स्थिति या मरीज के जान को खतरा होने पर जान बचाने के लिए किसी आकस्मिक प्रक्रिया की आवश्यकता हो सकती है / जिसमे होने वाले खर्च को विधिवत जोड़ा जायेगा और आवश्यक खर्च को सहमति के लिए आपको बताया जायेगा / जो इलाज करने वाले चिकित्सक द्वारा बताया जायेगा।
- मुझे जो भी समझाया गया है उसे मैंने मरीज को दिए निर्देश के साथ साथ पूरा समझ लिया है। मैं गारंटी देता हूँ के अस्पताल के शुल्क जो मेरे मरीज के चिकित्सकीय जरूरत / खपत के अनुसार मांगी जाएगी उन्हें जमा करूंगा और बिल एवं बकाया चुकाने की पूरी जिम्मेदारी लेता हूँ।
- मैं सर्जरी, प्रक्रिया, जांच, दवाओं, कमरे का किराया में (क्लास अपग्रेड- डाउन ग्रेड) आदिके लिए मुझे समझाया गया है और मैं उसके लिए अपनी सहमति देता हूँ ।

Name of Attendant मरीज के साथ वाले का नाम	Pardeep Kumar	Name of Ward Supervisor वार्ड इन्चार्ज	[illegible]
Relationship सम्बन्ध	Son	Counselling Date & Time परामर्श तिथि व समय	2/1/22 4pm
Signature हस्ताक्षर	Pardeep Kumar	Signature हस्ताक्षर	

Patient Copy

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Model Town Hisar

Phone No.:01662-221169, 220511

IPD RECEIPT

Receipt No.	: 17015/IPRC/22O	Date	: 02-Jul-2022
Patient Name	: SUNDER SINGH	IPD No.	: 6904/IAD/22O
Consultant Name	: Dr. Vivek Bansal, D.M.	Age / Gender	: 59Y / Male
		UHID No.	: 305503/UHID

Payment Mode	Card No.	Card Holder Name	Amount
Credit Card	218328581242	9812595472	5,000.00
		Amount Received :	5,000.00

Amount in words : Five Thousand Rupee Only

Prepared By : FOJASM647 Printed By : FOJASM647 Authorized Signatory

---

Office Copy

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Model Town Hisar

Phone No.:01662-221169, 220511

IPD RECEIPT

Receipt No.	: 17015/IPRC/22O	Date	: 02-Jul-2022
Patient Name	: SUNDER SINGH	IPD No.	: 6904/IAD/22O
Consultant Name	: Dr. Vivek Bansal, D.M.	Age / Gender	: 59Y / Male
		UHID No.	: 305503/UHID

Payment Mode	Card No.	Card Holder Name	Amount
Credit Card	218328581242	9812595472	5,000.00
		Amount Received :	5,000.00

Amount in words : Five Thousand Rupee Only

Prepared By : FOJASM647 Printed By : FOJASM647 Authorized Signatory

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Patient identification/Addressogran

Patients Name _____

IPD_____Consultant Name_____

SUNDER SINGH
58Y / M
305503/UHID
Dr. Vivek Bansal, D.M.
IPD
6904/IAD/220

Date

Page No

Transfer Record Sheet

Date	Time	Transfer		Patient Document Handover				
		From	To	Pt. File	Charts	X-Rays films & No.	CT No.	MRI No.
2/7/22	3:40PM	EMG	Economic ward	✓	✓	–	–	–

Any Pending Diagnostic (Lab & Radio) test report/documents R.P

Any specific equipment used ☐ Oxygen ☐ Ventilator ☐ Monitor ☐ Pulse oxymeter ☐ Syringe PumpNo. Others

Any pending billing entry in HIS:_____ Remarks_____

Vitals: HR 84 BP 90/60 SpO_2 94 Temp_____

Shifted By(Sign) Name(Block letters)	Medical Officer	Nursing Officer	Received By(Sign) Name(Block letters)	Medical Officer	Nursing Officer
		2-7-22 M			Manisha 3264

Date	Time	Transfer		Patient Document Handover				
		From	To	Pt. File	Charts	X-Rays films & No.	CT No.	MRI No.

Any Pending Diagnostic (Lab & Radio) test report/documents_____

Any specific equipment used ☐ Oxygen ☐ Ventilator ☐ Monitor ☐ Pulse oxymeter ☐ Syringe PumpNo. Others

Any pending billing entry in HIS:_____ Remarks_____

Vitals: HR_____ BP_____ SpO_2_____ Temp_____

Shifted By(Sign) Name(Block letters)	Medical Officer	Nursing Officer	Received By(Sign) Name(Block letters)	Medical Officer	Nursing Officer

Date	Time	Transfer		Patient Document Handover				
		From	To	Pt. File	Charts	X-Rays films & No.	CT No.	MRI No.

Any Pending Diagnostic (Lab & Radio) test report/documents_____

Any specific equipment used ☐ Oxygen ☐ Ventilator ☐ Monitor ☐ Pulse oxymeter ☐ Syringe PumpNo. Others

Any pending billing entry in HIS:_____ Remarks_____

Vitals: HR_____ BP_____ SpO_2_____ Temp_____

Shifted By(Sign) Name(Block letters)	Medical Officer	Nursing Officer	Received By(Sign) Name(Block letters)	Medical Officer	Nursing Officer

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Patient identification/

Patients Name _____

IPD_____Consultant

BUNDER SINGH
59Y / M
305603/UHID
Dr Vivek Bansal, D.M.
IPD [redacted]
6904/IAD/220

x____ UHID____

rd _____

Date 2/7/22

Page No

GENERAL CONSENT FOR ADMISSION & TREATMENT

भर्ती एवं उपचार के लिए आम सहमति पत्र

Ward(वार्ड): Icu Bed No.(बेड नंबर):_____ Blood Group(रक्तवर्ग):_____

I (patient name) Surder Singh Father/Husband name_____ give a consent for admission of myself/relative_____(name & relation), into NCJIMCARE & OPJICACRE hospital under the supervision of Dr. Vivek Bansal for investigation & treatment.

मैं(मरीज का नाम) _____ पिता/पति का नाम_____ सवयम को / आपने रिस्तेदार_____(नाम और सम्बन्ध) को NCJIMCARE & OPJICACRE अस्पताल में दाखिले के लिए सहमति देता हूँ |

1. I authorize the treating doctor to perform any emergency medical/surgical/investigative procedure without prior approval from me when situation warranted.
   मै इमरजेंसी परिस्थिति में डॉक्टर(चिकत्सक) को किसी भे प्रकार की जांच या मेडिकल/सर्जिकल/ प्रक्रिया करने के लिये सहमती देता/देती हूँ।

2. I have been given the option of a second opinion from similar specialties in the panel of doctors of this hospital which I can choose. I have been made to understand that an opinion of a doctor outside the panel of this hospital is not permissible during the stay in the hospital without prior approval of the medical director/medical superintendent.
   मुझे इस अस्पताल मे अन्य चिकत्सक से परामर्श लेने का अवसर भी दिया गया है। मुझे यह भी समझाया गया है कि अस्पताल मे दाखिले के दौरान मै किसी अन्य अस्पताल के चित्क्सक से मेडिकल डायरेक्टर/मेडिकल सुपरिन्टेन्डेन्ट की अनुमति के बिना परामर्श नही ले सकता।

3. I/we as a patient & my family members has got the right to refuse for the treatment/procedure.
   मुझे/हमें, मरीज और अपने परिवार के सदस्यों के रूप में किसी भी चिकित्सा/प्रक्रिया को मना करने का अधिकार है।

☑ Proposed treatment accepted
प्रस्तावित उपचार स्वीकार है

☐ Proposed treatment not accepted
प्रस्तावित उपचार स्वीकार नहीं

If not accepted patient/relative have to give a written letter to the management of the hospital.
अगर प्रस्तावित उपचार स्वीकार नहीं है तो मरीज/रिस्तेदार को अस्पताल प्रशासन को लिखित पत्र मे देना होगा।

4. I have been explained that an 'Informed Consent' would be obtained from me or my surrogates, in case of requirement of surgery/ anesthesia/blood transfusion or any high risk procedure as deemed necessary during the course of my treatment.
मुझे यह समझाया गया है की जरुरत के समय सर्जरी अनेस्थिसिया / रक्त प्रदान के लिए या कोई अन्य जोखिम प्रक्रिया के लिए अलग से सूचित सहमती पत्र लिया जायेगा।

5. Approximate Cost of treatment is explained to me & I prefer the following mode of payment
इलाज का लगभग खर्च मुझे समझाया गया है और मै दिए गये विकल्पों से भुक्तान कर सकता हूँ

☐Cash नगद ☐Insurance (reimbursement/cashless) बीमा कम्पनी (भरपाई/ कैशलेस)

Name of the insurance company (बीमा कम्पनी का नाम)_____

I am willing to take _____(category/room) for which the tariff has been explained in estimate form. I have been given the option of availing treatment in different categories of room.
मैं _____(श्रेणी / कमरा) को लेने चाहत/ तैयार हूँ जिसका टैरिफ मुझे अनुमानित फार्म में विस्तार से बताया गया है। मुझे विभिन्न श्रेणियों के कमरे मे उपचार/भर्ती का विकल्प दिया गया है ।

6. I assure to pay the bills directly for all the hospital services rendered even if disallowed by insurance companies.
बीमा कंपनी द्वारा अस्वीकृत हो जाने पर भी, मैं अस्पताल का सभी बिल का भुगतान करने का आश्वासन देता हूं ।

7. I have been informed that all information collected about me, (except medico legal) shall be kept s trictly confidential & would not be made available to anyon e other than care givers without any expressed consent.
मुझे यह भी बताया गया है की सिर्फ देखभाल करने वालों को छोड़कर, मेरी सभी जानकारियों (मेडिको लीगल छोड़कर) गुप्त रखा जायेगा और मेरे बिना सहमती के किसी को नहीं बतायी जायेगी।

8. I am aware that the hospital rules do not permit the use of self medication or self administration of medication. Every details of my medication history shall be told by me to the treating physician & I shall handover all my prior medications to the ward nurse for safe keeping.
मुझे पता है कि अस्पताल नियम के अनुसार अस्पताल मे स्वयं दवा लेने की अनुमति नहीं हूँ। मै अपनी दवा लेने का सही इतिहास का डॉक्टर को सुचना दूंगा और आपने पुरानी दवा को वार्ड नर्स को रखने के लिये दूंगा।

9. I further testify to the history of my disease as given to my treating physician/doctor & shall not hold him/her or the hospital responsible if any discrepancy is discovered at a later date.
मै चिकत्सक/डॉक्टर को अपनी बीमारी के बारे में सही जानकारी दूंगा और अस्पताल या डॉक्टर को मेरी बीमारी से उत्पन हुई किसी जटिलता/समस्या का जिम्मेदार नहीं ठराऊंगा।

10. I am mad e aware about the general rules , regulations & the disciplinary conduct as expected from me & my visitors & I pledge to abide by them during the course of my hospital stay.
मुझे/मेरे रिस्तेदार को अस्पताल के नियम, कानून और अनुशासन के वारे मे वताया गया है और मै और मेरे रिस्तेदार अस्पताल मे अनुशासनात्मक आचरण और नियम का पालन करेंगे।

11. I understand that I shall be responsible for my personal belongings, money, mobile & valuables and shall not hold the hospital authorities in case of any unfortunate mishaps/losses.
मुझे/हमें यह समझाया गया है की मै अपनी चीजो का जैसे मोवाइल, पैसे और अन्य मूल्यवान वस्तुओ का सवयं जिमेदार हूँ और कुछ गुमने / दुर्घटना होने पर अस्पताल को जिम्मेदार नहीं ठहराऊंगा ।

12. I nominate Mr/Mrs Pardeep Kumar relationship [signature]
to receive information on my behalf when needed.
मैं श्री / श्रीमती _____ मरीज से सम्वन्ध _____ को मेरी जानकारी प्राप्त करने के लिए सहमती देता/देती हूँ ।

13. I am aware of the following information & provided with a hospital information booklet-
मुझे अस्पताल सूचना पुस्तिका के द्वारा निम्न जानकारी दी गयी

a. Visiting hours in the hospital are from 12:30 PM to 02:30 PM in the morning & 04:00 PM to 06:00 PM in the evening including Sunday & public holiday. During visiting hours only two visitors are allowed at a time. Only one visitor is allowed to be with the patients in non-visiting hours.
मरीज से मिलने का समय रविवार और सार्वजनिक अवकाश सहित सुबह 12:30 PM to 02:30 PM और शाम 04:00 PM to 06:00 PM. मरीज से मिलने के समय पर एक बार में सिर्फ दो ही लोग मिल सकते है। वाकि समय सिर्फ एक व्यक्ति मरीज के साथ रह सकता है ।
b. No patient will be admitted without advance deposits as per admission guidelines.
अस्पताल के नियम(एडमिशन पालिसी) के अनुसार कोई रोगी अग्रिम जमा(एडवांस डिपाजिट) के विना भर्ती नहीं किया जाएगा।
c. Flowers (fresh/dry) for the patient are not allowed.
रोगी के लिए फूल (ताजा / ड्राई) लाने की अनुमति नहीं है।
d. No eatables without permission from treating doctor/dietician/ staff nurse shall be brought to the patient.
चिकित्सक / आहार विशेषज्ञ / स्टाफ नर्स से अनुमति के बिना कोई खाद्य सामग्रियों रोगी के लिये नहीं लाया जाएगा।
e. Children below 12 years are not allowed as visitors during visiting hours except with permission from authorities & only for genuine compassionate reasons.
१२ वर्ष से काम उम्र वाले वच्चो को मरीज से मिलने की अनुमति नहीं है कोई विषेस कारण हो तो अस्पताल के अधिकारियो से अनुमति लेनी पड़ेगी।
f. No fire arm shall be brought within hospital premises.
कोई घातक वस्तुस(जैसे वन्दूक/हथीयार) अस्पताल में लाने की अनुमति नहीं है ।

14. I acknowledge that no guarantee & promises have been made regarding outcome of the procedure/treatment.
मुझे उपचार/ प्रक्रिया की सफलता के वारे मे कोई गारंटी और वादे नहीं दिया गया है ।

15. I give consent for the disposal by hospital authorities of any tissue or amputed body parts removed during the course of operative procedure/treatment.
मैं अस्पताल को आपने शरीर से निकले हुए अंगो को या टिश्यू को डिस्पोजल करने की अनुमति देता/देती हूँ ।

16. I/ my patient has been informed and explained the above in the language of patient.
मैं / मेरे रोगी को ऊपर लिखी हुई जानकारी, हमारी भाषा में बताया गया है।

Patient's Attendent / Next To Kin

The Patient is unable to give consent because _____

_____ And I, _____(Name & relationship with the patient) therefore provides consent for the patient. I have been informed and understand the benefit, alternative and risks procedure. I hereby consent to this procedure by Dr._____

मरीज का परिवार / पास के रिश्तेदार

मरीज सहमती देने योग्य नहीं हैं क्यूंकि_____ और मैं _____ (नाम और मरीज के साथ सम्बन्ध) मरीज की जगह सहमती देता/देती हूँ | मुझे प्रक्रिया से सम्बन्धित लाभ और जोखिम को बताया और समझा गया है | मैं चिकित्सक(डॉ.)_____को यह प्रक्रिया करने के लिए सहमती प्रदान करता/करती हूँ |

Name of the Patient /Attendant / Next to Kin मरीज का परिवार / पास के रिश्तेदार Pardeep Kumar	Signature / Thumb impression हस्ताक्षर/अंगूठे का निशान Pardeep Kumar	
Name of witness (1): गवाह का नाम	Signature / Thumb impression: हस्ताक्षर/अंगूठे का निशान	Date and Time: तारीख & समय at 3!am PM 2/7/22
Name of witness(2): गवाह का नाम Sonika 27.20 NC	Signature / Thumb impression: हस्ताक्षर/अंगूठे का निशान	Date and Time : तारीख & समय 9/7/22 at 3!am PM
Doctor Name & Signature डॉक्टर का नाम और हस्ताक्षर Dr Lovebh	Staff Name, Designation & Signature □□□, □□ □□हस्ताक्षर	Date and Time तारीख & समय 8/7/22 3:am PM

Hep B - POSITIVE → 14 yrs back

JIMS

Date 2/7/22

Patient identifi[cker)
SUNDER SINGH
48Y / M
105603/UHID
Dr Vivek Bansal, D.M.
IPD
9904/IAD/220
Patients Name [illegible] Sex UHID
IPD Con [illegible] Ward

Page No

INITIAL ASSESSMENT FORM (Trauma & [illegible])

(To Be Filled By the Resident Medical Officer/Clinician Post Triage)

Note: • **Initial assessment to be done within 10 Minutes in casualty post triage.**

Time Of Reaching At The triage area: 1:54 Time of Initial Assessment 2:05

Medico Legal Case: ☐ Yes ☒ No

Reason for Admission (Chief Complaints & H/o present illness With origin, duration & progress):

C/O - Abdominal Distention. } 3-4 days.
- Constipation
- Abdomen Pain

K/C/O - CLD. & Postal HTN

Weather the patient has come within 72 hrs for similar complaints post discharge- Yes/No

Allergies: ☒ No ☐ Yes

if yes describe Drug/Food/Latex/Dyes/Contrast/Other:

Current Medication/Treatment (E.g. Blood thinner (thrombolytic), Aspirin, Heparin, Other):

Sr. No.	Name of Medicine	Dose	Frequency	Date/Time of last Dose
1				
2				

Past History:

		If yes Since when			If yes Since when
Hypertension	Yes/No		IHD/CAD	Yes/No	
Diabetes	Yes/No		COPD/Asthma	Yes/No	
Tuberculosis	Yes/No		Epilepsy	Yes/No	
Others	Yes/No				

Personal History

		If yes	
Smoking	Yes/No	Since_____	_____Per day
Alcohol	Yes/No	Since_____	_____ (Frequency)
Drugs	Yes/No	Since_____	_____ (Frequency)
Tobacco	Yes/No	Since_____	_____ (Frequency)
Diet	Veg./Non-Veg.	Since_____	_____ (Frequency)
Others			

Last Meal: Morning

Past Medical/Surgical /Obs-Gynae/LMP/Hospitalization History:

Family History:

Hypertension	Yes/No	Asthma	Yes/No
Heart Disease	Yes/No	Stroke	Yes/No
Diabetes	Yes/No	Arthritis/Gout	Yes/No
Tuberculosis	Yes/No	Cancer	Yes/No
Epilepsy	Yes/No	Any others chronic disease	

Declaration By The Patient/Relative/Next Of Kin/Accompanying Person

I hereby declare that the facts recorded above are based on my narration & are accurate to the best of my knowledge.

Name of Patient/Next of Kin/Relative: Pardeep Kumar Relationship Son

Signature: Pardeep Kumar Date: 2/7/22 Tme:

GENERAL PHYSICAL EXAMINATION

Vitals:

Time	Pulse	BP	RR	SPO_2	Temp.	Pain score	GCS
1:40 PM	86/-	90/60	22/-	95 %	98.6 F		

Head/Eye/Nose/Throat/Neck: PBS ⇒ 106 mg/dl

Chest/Lungs: B/L clear.

CVS: S_1 S_2 (+)

Abdomen: Distended.

Extremities/Spine: N

Skin: Afebrile

CNS: Conscious Oriented,

Lymphatic: (N)

Rectal Examination: _____ ☐ Declined ☐Not Indicated

Examination Of Breast: _____ ☐ Declined ☐Not Indicated

Pelvic examination/external genitalia: _____ ☐ Declined ☐Not Indicated

Psychological examination: ☐Normal ☐Anxious ☐Depressed

☐Others (specify)_____

Plan of Care (treatment suggested):

Investigation Advised (ordered):

CBC, CT, BT, PTINR, USG Abdomen, ECG, X-ray.
KFT, LFT, SGOT, SGPT.

Provisional Diagnosis/ Final Diagnosis: CLD. ? Portal HTN.

Treatment(intervention/conservative)

Inj. PANTOSID 40 mg IV OD.
Inj. EMSET 4 mg IV 8 hrly.
Inj. CERPARIN 100 ml IV 8 hrly.

Intent of Treatment:

☐ Curative ☑ Symptomatic relief ☐ Preventive ☐ Rehabilitative ☐ Palliative

Cross Reference: ☐ Yes ☐ No **Name of the Doctor/s:**_____

To be done by RMO/Registrar/Consultant

Dr. TEJA YADAV Signature: _____ Date: 2/7/22 Time: 1:55 pm

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Date 2/7/22

Patient identification/Addre... Surender Lal/Singh.

Patients Name Surender ... UHID ____

IPD _____ Consultant Nam... _____

SUNDER SINGH
79Y / M
105503/UHID
Vivek Bansal, D.M.
IPD
6904/IAD/22O

Page No

TRIAGE FORM FOR ADULT

Date & Time of Patient Arrival at Emergency: 1:50 pm 2/7/22.

EMERGENCY (Immediate)	☐ Obstructed Airway - not breathing ☐ Seizure- current ☐ Cardiac arrest ☐ Burn - facial / inhalation ☐ Hypoglycemia - glucose less than 54mg/dl	
VERY URGENT (< 10 Min)	☐ High energy transfer (severe mechanism of injury) ☐ Shortness of breath – acute ☐ Chest pain ☐ Seizure- post ictal ☐ Aggression ☐ Threatened limb ☐ Eye Injury ☐ Fracture - compound (with a break in skin) ☐ Burn over 20% ☐ Burn – electrical ☐ Burn - circumferential ☐ Burn - chemical Poisoning / overdose	☐ Level of consciousness reduced / confused ☐ Coughing blood ☐ Stabbed neck ☐ Hemorrhage - uncontrolled (arterial bleed) ☐ Focal neurology - acute (stroke) ☐ Dislocation of larger joint (not finger or toe) ☐ Diabetic - glucose over 198 mg/dl & ketonuria ☐ Pregnancy and abdominal trauma ☐ Pregnancy and abdominal pain ☐ Severe pain ☐ Vomiting fresh blood
URGENT (< 1 hour)	☐ Haemorrhage - controlled ☐ Dislocation of finger or toe ☐ Fracture - closed (no break in skin) ☐ Vomiting persistently ☐ Moderate pain	☐ Burn - other ☐ Abdominal pain ☐ Diabetic- glucose over 306 mg/dl (no ketonuria ☐ Pregnancy and trauma ☐ Pregnancy and PV bleed

ADULT TEWS (Triage early warning system)

Older than 12 years / taller than 150 cm tall

	3	2	1	0	1	2	3
Mobility				Walking	With Help	Stretcher/ Immobile	
RR		less than 9		9 - 14	15 - 20	21 - 29	more than 29
HR		less than 41	41 - 50	51 - 100	101 - 110	111 - 129	more than 129
SBP	Less than 71	71 - 80	81-100	101 -199		more than 199	
Temp		Cold or Under 35˚C(95˚F)		35˚C (95˚F) - 38.4˚C(101.12˚F)		Hot or Over 38.4˚C (101.12˚F)	
AVPU		Confused		Alert	Reacts to Voice	Reacts to Pain	unresponsive
Trauma				No	Yes		

TEWS Score	Category	Triage Are a/bed	Band color
7 or more	Emergency	Red triage area	Red
5 or 6	Very urgent	Orange triage area	Orange
3 or 4	Urgent	Yellow triage area	Yellow
0,1 or 2	Routine	Green triage area	Green

CHECK FOR ADDITIONAL INVESTIGATIONS	
If RR scores 1 point or more on TEWS	Check SpO_2 and hand over to nursing staff to give O_2
	Do a finger prick gluco-test if patient is diabetic
Reduced level of consciousness (not alert including confused)	Do a finger prick glucotest and hand over to nursing staff
Diabetes and Hyperglycaemia (glucotest 198 mg/dl or more)	Urine dipstick to check for ketones
Unable to sit up/ need to lie down	Do a finger prick glucotest and hand over to nursing staff
Chest pain	Immediate ECG and hand over to Nursing staff
Active seizure / fitting	Do a finger prick glucotest and hand over to nursing staff, I/V access - NO intramuscular
Hypoglycaemia (glucotest 54 mg/dl or less)	Move to resus hand over to nursing staff and give something to eat or drink
Abdominal pain or backache: female	Urine dipsticks and Urine pregnancy test

Triage Outcome:

RED	IMMEDIATE	Take to the resuscitation room for emergency management
ORANGE	< 10 mins	Refer to majors for very urgent management
YELLOW	< 1 hour	Refer to majors for urgent management
GREEN	< 4 hours	Refer to designated area for non-urgent cases
BLUE	< 2 hours	Refer to doctor for certification of death

Name of Doctor Performing Triage: Dr ILA YADAV

Signature Doctor Performing Triage: Ila Yadav.

Date & Time of Completing Triage Form: 1:52 pm. 2/7/22.

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Patient identif (Sticker)
Patients Nam e Sex UHID
IPD Cc Ward

BUNDER SINGH
58Y / M
305603/UHID
Dr Vivek Bansal, D.M.
IPD
6904/IAD/220

Date 2/7/22

Page No

Clinical Notes (Consultant, Medical Officer, Nursing Officer)

Acuity is defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients' needs, and not according to raw patient numbers. To translate acuity scores into equitable patient assignments, charge nurses collected the acuity tools that direct-care nurses completed for each patient, and calculated total acuity scores and acuity category scores near the end of their shift. Rating options are 1 through 4, with 1 indicating the lowest acuity and 4 indicating the highest acuity. Ratings for all five criteria categories are summed up to obtain a total acuity score for each patient, ranging from 1 to 60. Then the total acuity scores are clustered into acuity category scores, which range from 1to4, with1 being the lowest acuity and 4 being the highest.

NURSING ACUITY TOOL

Acuity score	1	2	3	4	Morning	Evening	Night
Complicated procedures	1a. Pulse ox 1b. Foley 1c. Oral care	2a. >4LO$_2$ nasal cannula 2b. BIPAP/CPAP@ naps/night	3a. High-flow O$_2$/vent 3b. Continuous BIPAP	4a. Totalcare 4b. Restraints 4c. Total feed 4d. Confused, restless, combative		1q 1c 1	1q 1c na
		2c. Routine trach care ≤2 times/shift 2.d. PICC/central line 2e. NG tube 2f. Incontinent 2g. PCA(pt. control analgesia) 2h. rectal tube 2i. Isolation 2j. Fall risk	3c. Newtrach or frequent suctioning 3d. Trach care ≥ 3 times/shift 3e Wound/skin care 3.f Ostomy 3.g. Assist w/ADLs 3h. Continuous bladderirrigation 3i. chest tube 3j. peritoneal dialysis 3k. Opioid/alcoho withdrawal assessment 3l. Unfinished admit	4e. High fall risk/SOMA bed 4f. Post code/rapid response team		—	—
Education	1d. Standard (i.e., DM, HF) Prechecked=1	2k. New meds, side effects	3m. Discharge today 3n. Family education 3o. Pre-/post procedure comprehend	4g. New diagnosis Inability to Multiple Co-morbidities		1N	3M
Psychosocialor Therapeutic nterventions (I sertion/ removal) e.g. Foleys catheter/ICD/CVP/ Tracheostomy/ETT/ arterial line etc.	1e. ≤2 interventions per shift	2l. 3-5 interventions per shift	3p. 6-10 interventions per shift 3q. Diagnosis of delirium 3r. End of lifecare	4h. >10 interventions per shift		2	2
Medications (oral)	1f. 1-5	2m. 6-10	3s. 11-15	4i. ≥16		2M	2M
Complicated IV drugs and other meds	1g. Glucometer with coverage	2n. 2-5 IV meds	3t. K+ protocol 3u. Heparin protocol 3v. >5IV meds 3w . TPN	4j. Blood/blood products 4k. Tube feeding/ meds 4l. Cardiac drip (amiodarone, Cardizem, dopamine) 4m. Insulin drip/Infusion		2N	2M
				Total Acuity Score		11	15
				Total Acuity Category Score (1 to 15=1, 16 to 30=2, 31 to 45=3, **> 45=4**		3	4

Date of Assessment: 2/7

NURSING ASSESSMENT & SHIFT HANDOVER

NURSING ASSESSMENT

Nursing assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status by anurse. Nursing assessment is used to identify current and future patient care needs. It incorporates the recognition of normal and abnormal body physiology.

Look for following during assessment:

Fever	Pain	Shortness of breath	Dry tongue/ Ulcer on tongue	Jaundice
Swelling	Edema	Abdominal distension	Bleeding from any site	Pus Discharge from any site
Restless/ Confused/ Combative	Altered sensorium	Awake/Not Awake	Aware/Not aware	Alert
Decreased vision	Facial palsy	Arm Weakness	Slurring of speech/Aphasia	Difficulty in urination/In-continence
Diminished hearing	Sweating	Stoma	Not Able to eat	Difficulty in Passing Stool
Any Others				

Nurisng Assessment	Morning	Evening	Night
	-	- pain - Aware / not awar	- pain - Aware

Nursing Diagnosis

A nursing diagnosis maybe part of the nursing process and is a clinical judgment about individual, family, or community experiences / responses to actual or potential health problems/life processes. Nursing diagnosis are developed based on data obtained during the nursing assessment. (Nursing assessment is to be broadly based on nursing acuity form)

Examples of nursing diagnosis: These are individualized nursing care plans for various nursing diagnosis.

Activity Intolerance	Urge urinary incontinence	Ineffective airway clearance	Functional urinary incontinence
Acute confusion	Urinary retention	Ineffective coping	Reflex urinary incontinence
Acute pain	Risk for aspiration	Impaired physical mobility	Stress urinary incontinence
Anxiety	Risk for fall	Disturbed thought processes	Impaired gas exchange
Caregiver role strain	Risk for infection	Impaired tissue (skin) integrity	Diarrhea
Constipation	Risk for injury	Ineffective breathing pattern	Disturbed body image
Chronic pain	Risk for unstable blood glucose level	Impaired swallowing	Disturbed thought processes
Excess fluid volume	Self-care deficit	Imbalanced nutrition: less than body requirements	Imbalanced nutrition: more than body requirements
Fatigue	Urinary retention	Impaired urinary elimination	Deficient knowledge
Hyperthermia	Deficient fluid volume		

Nursing Diagnosis	Morning	Evening	Night
	- Chronic pain	- Chronic pain	Chronic pain

Plan of care (Kindly Tick)

Specify Activities of Daily Living Assistance Given

General Nursing Care Plan:	☑ Sponging	☐ Enema	☑ Mouth care/mouth gargles	☐ Hair care	
	☑ Back care	☑ Walk	☑ Drain	☐ Dressing	☐ Physiological support
Curative :	☐ IV fluid	☐ Antiemetic	☑ Symptomatic treatment	☑ Self medication	
	☑ Continuous previous medication		☐ High risk medication		
Bedsore Care :	☑ Positioning changing		☑ Bedsore dressing	☐ Education given patient/relative	
Safety Care(avoid fall risk):	☐ Side rail provision		☑ Low bed height	☐ Continuous monitoring	
	☑ Light & sound monitoring		☐ Full time attendant	☑ Blood transfusion	
Diabetic Care:	☐ Oral drug	☑ Insulin plan			
Any phlebitis signs:	Yes/No.	If yes then mention in clinical need section		☑ IV Cannula	
Risk Assessment form for DVT	Yes/ No	**Assessment Score**_____			

Any Other:_____

Any Change in Clinical need of patient or Any new finding e.g. new onset fever, vomiting, diarrhea, sweating, seizure, fall/rise in B.P, hypo/hyperglycaemia, chest pain, pain, shortness of breath etc.	Morning	Evening	Night
Modification in care plan based upon change in clinical needs	Morning	Evening	Night
Evaluation of care given:	Morning	Evening	Night
Diet Ordered	Yes/ No	Yes/ No	Yes/ No

Events to be noted in each shift if any during shift handover			
	Morning	Evening	Night
• Early warning sign			
• Cardiac arrest			
• Critical alert			
• Incidents like ADR, Fall, transfusion reaction			
• Any specific instruction regarding medications			
• Pending work eg. Investigation to be sent,transfer of the patient, discharge planning, report to be collected, referrals, pt.& family briefing about change in condition in your shift.			
• Suction machine mal function			
• Any episode of blood glucose <100/ >200			
• Any other			
Name & Signature	Name & Signature		

Date of Assessment: **(For Duty Doctor/Sr.Resident/Resident Medical Officer)**

Assessment Criteria & Parameters	Morning Shift	Evening Shift	Night Shift
Subjective: • Pt. background(medical history) • Reason of admission • Change in pt. condition • Punch line of what you want to convey to next M.O. e.g. groaning on bed with hands on abdomen, intractable vomiting & altered sensorium etc.			CLD/ Ascites
Objective: • Early warning signs(Yes/No), If Yes, please specify • Any Critical Alert in your shift			NO EWS
Assessment: Clinical findings e.g. Vulnerable/ Threatened airway/ Respiratory arrest/ Hypotension/ Prolonged seizure/ Bleeding/ Less urine output/ High fever/ Intolerable pain/ Shortness of breath/ Vomiting/ Abdominal distension/Redness of eye/Ryles tube aspirate			CNS/ CVS/ P/A/ WNL
Plan(In terms of SOSD): **S**=Salvage(BLS/ALS/PLS in your duty) **O**=Optimize what you can measure, interpret & apply e.g. Blood sugar,pain,fever,CVP, vitals **S**=Support failing organs e.g. Ventilator/Dialysis/Glucose Infusion/Ionotropes **D**=Descalate unwarranted treatment e.g. blood thinner in hematuria.			Vitals Stable
Pending/intervention done in your shift e.g. transfer of the patient, discharge planning, report to be collected, investigation to be sent, referrals, blood transfusion status, treatment change in your shift, pt. & family briefing about change in condition in your shift			Rx as advised Inform SOS Dr. R
Name & Signature			

Consultant Progress Notes: (Any need to salvage(resusitate) the patient, any step for optimizing the patient, any organ support/stablizing measures required & de-escalation of medication/procedure(SOSD) is to be written in care plan.)

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Date 2/7/22

Patient identification/Addressograph (Sticker)

Patients Name _____ Age ___ Sex ___ UHID ___

IPD _____ Consultant Name _____ Ward _____

Page No.

PAIN ASSESSMENT CHART

Score 0 to 3 = To be monitored and documented, **Score 4 to 7** = needs intervention. Analgesia, inform consultant. Reassess after 4 - 6 hours, **Score 8 to 10** = "Pain emergency" = needs immediate intervention. Analgesia, inform consultant, Reassess after 1 – 2 hours.

Date	Time	No Pain					Moderate Pain					Unbearable/ Worst Pain	Signature & Remarks
		0	1	2	3	4	5	6	7	8	9	10	
2/7/22	8pm	—					—						
3/7/22	8AM	—					Vas Pain score —						
	3pm	—					very Pain						

OP/F&F/POM/106/00/2022

8. Pain Assessment: (rate your pain using the appropriate pain scale)

1.FLACC Score

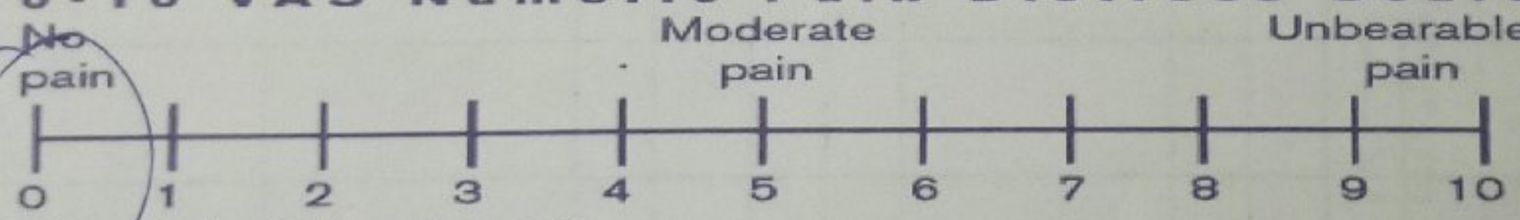
Use only for Patient < 5yrs of age

(face, legs, activity, cry, consol ability) (Used for children below 5 years) Pain score is more than or equal to five then consultant shall be notified.

Criteria	Score-0	Score-1	Score-2
Face	No particular expression or smile	Occasionally grimace or frown, withdrawn, disinterested	Frequently to constant quivering chin, clenched jaw
Legs	Normal position or relaxed	Uneasy, restless, tense	Kicking or legs drawn up
Activity	Lying quietly, normal position, move easily	Squirming, s hifting back & forth, tense	Arched, rigid or jerking
Cry	No cry(awake or asleep)	Means or whimpers occasional complaints	Crying steadily, screams or sobs, frequently complaints
Consolability	Content, relaxed	Reassured by occasionally touching, hugging or being talked to, distractible	Difficult to console or comfort

2.VAS= For patients above 13 years or older. Zero will represent no pain, a rating of 5 would indicate that the patient is experiencing moderate pain and rating of 10 would indicate the worst imaginable pain and accordingly action to be taken. This is also known as visual analog scale (VAS). VAS can measure efficacy of analgesics by a particular analgesic by noting this course before & after treatment.

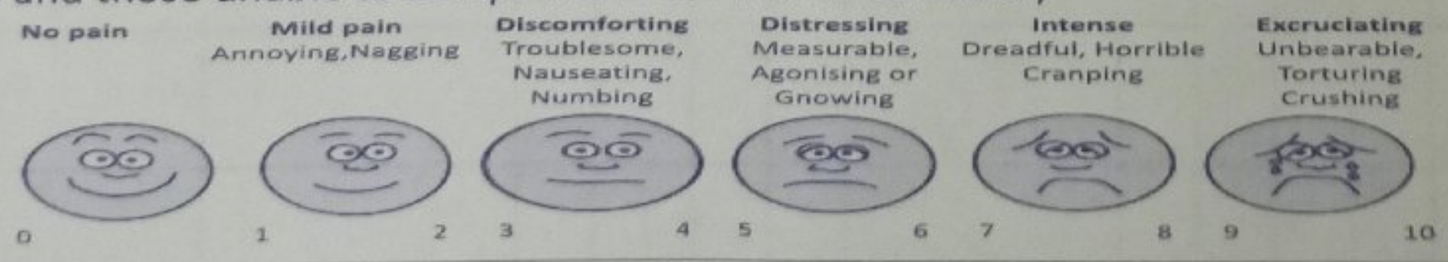
0-10 VAS Numeric Pain Distress Scale



3.Wong-Baker Pain rating scale

(The Wong Baker Faces pain scale)

Consists of graduated facial expression of pain. It can be used for patients above 5 yrs of age and those unable to comprehend the numerical scale.)



4.Behavioural Pain Scale

For Patients on Ventilator/Unconscious/Comatose

Criteria	1	2	3	4
Facial Expression	Relaxed	Partial Tightened	Fully Tightened	Grimacing
Upper Limb Movement	No Movement	Partially Bent	Fully Bent	Complete Retraction
Compliance With Ventilator	Tolerating Movement	Coughing But Tolerating	Fighting Ventilation	Unable to Control Ventilation

A score of 3 indicates no pain & 12 indicates maximum pain intervention is required when pain score is > 5 & < 12.

Score: ☐M ☐E ☐N

Do you have a pain now: ☐Yes ☐No

Location: _____

Duration:

Quality:
- ☐ Constant
- ☐ Intermittent

Character:
- ☐ Lacerating
- ☐ Burning
- ☐ Radiating

Exacerbating Factors: _____

Reliving Factors:
- ☐ Rest
- ☐ Medication
- ☐ Others

Does it affect your daily routine?
☐ Yes ☐ No

Sleep:
☐ Yes ☐ No

Most likely cause of pain:

Plan of action:

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Patient identification/Addr
Patients Name _____
IPD_____Consultant Nan

SUNDER SINGH
58Y / M
305503/UHID
Dr Vivek Bansal, D M
IPD
6904/IAD/220

_ UHID_____
rd _____

Date

Page No

MEDICATION ADMINISTRATION RECORD

Previous Hospitalization Yes/ No	Weight in Kg	Height	Body Surface area	Special diet
	—	—	—	SOFT DIET
Drug allergies NKDA	**Diagnosis** CLD HEP. B ~~post~~ +VE			
Blood group	**Surgery/Procedure**			
	Date of Surgery			

Note:

- All Drug Name will be written in capital letters by doctor
- Standard Timing: Once a day : 10am, Twice a day 10am-10pm, Four times a day: 12-6-12-6, 8Hrly: 6am-2pm-10pm, Key :WH- With held
- Any change in drug therapy must be altered by a newly written prescription, do not alter existing instruction
- A cancellation of drug must be denoted by a clear line through the prescription and initialled by the physician.
- Actual timings may vary as per ward routine. Administration of drugs half-an-hour before and after are acceptable.
- Use only approved abbreviation present in medication usage manual.
- High risk medication will be double verified before administering the drug

Medication Reconciliation At The Time Of Admission Before Prescribing Current Medication

Home Medication at Time of Admission		Current Prescription Reconciled with Home Medication
TAB. PANTOP 40MG	OD	Primary Consultant/MO Signature. Dr. Nakul
TAB. TENOFORIR 300MG	OD	Nurse Officer Signature Monika
TAB. MC - 1500 MG	OD	
TAB. DYNOR PLUS (20/80)	BD	

Medication Reconciliation At Transfer From One Ward To Other & Cross Consultation

Current Prescription Reconciled before prescribing new medication at Cross Consultation		Consultant/MO Signature	Nurse Officer Signature
Emg to Medication Reconsil	Economy Ward INSIDE	DR. Nakul	monika

Reconciliation of Current Medication At Discharge With Updated Home Medication List	Consultant/MO Signature	Nurse Officer Signature

OP/F&F/MOM/88/00/2022

Diagnosis:- CLD Date of Admission:- 2/7/22 Day in ICU/Ward 1st

Antibiotics Medications	Dose	Route	Fequency	Started By	Started On	Time / Initial	Time / Initial	Time / Initial	Time / Initial	Time / Initial	Adverse Drug Reaction
INJ. OFRAMAX FORTE	1.5Gm	IV	12HRLY		2/7		8PM			12PM	
Steriod											
Sedation/Analgesia											
INJ. TRAMADOL	100mg	IV	8HRLY		2/7		3.PM			10PM	
Stress Ulcer Prophylaxis/Antiemetics											
INJ. PANTOCID	40mg	IV	12HRLY		2/7		8PM				
Other Supportive											
INJ. KLOT	1AMP	IV	24HRLY		2/7		8PM				
SYP. LOO2	15ml	PO	BD TIMES		2/7					10PM	
Oral Drugs											
TAB. VDILIV	500mg	PO	12HRLY		2/7		8PM			10PM	
TAB. MUCINAC	600mg	PO	12HRLY		2/7		8PM			10PM	
TAB. TENOFOVIR	300mg	PO	24HRLY		2/7		8PM				
Nebulisation											

Infusion								
Date	Name of Drug	Fluid	Dose (Unit)	Rate (MI/Hr)	Administrating Date & Time	Sign. of Nurse	Doctor Name	
							Started by	Stopped by

INTRAVENOUS FLUID RECORD (INCLUDE BLOOD)

	Infusion Volume	Infusion Rate	Infusion Start Time	End Time	Doctor's Sign	Nurse Sign

RT FEED/DIET

NON DRUG ORDER

Investigation Sent Today	Investigation To Be Sent Next Morning	Reports To Be Collected
		(R P:C P)' Protein, ALBUMIN TLC/DLC 2/7/22 - 6:30 PM

Referrals

Medication to be given STAT/SOS/Premedication

Medication and Dose	Route	Site	Dr. Sign	Given		Initials	
				Date	Time	N1	N2

GUIDELINES FOR MONITORING POST ADMINISTRATION EFFECT OF FOLLOWING DRUGS

Medicine	Side effect
Concentrated potassium chloride infusion	Respiratory paralysis, mental confusion, cardiac arrhythmia, ECG changes (tall T waves, prolong PR interval), Presthesia of extremities, local irritation, Areflexia
Narcotics- Morphine, codeine, pethidine Tramadol, Fentanyl, Butorphan, Pentazocin	Marked sedation , dizziness/vertigo, vomiting, respiratory depression, Altered sensorim
Sedatives-Diazepam, Lorazepam, Midazolam	Marked sedation , dizziness/vertigo, vomiting, respiratory depression, Altered sensorim
Chemo Drugs	Nausea and vomiting, local irritation/ inflammation, extravasations
Neuromuscular blocker-Atracurium, Pancuronium, Vencuronium, Succiny choline	Bradycardia, Sudden decrease in blood pressure ,Severe bronchospasm, Skin flushing, Extended paralysis
Injectable antipsychotics-Haloperidol, chlorpromazine, Zullopenthixol, Olanzapine	Look for restlessness, fluctuation in BP, Muscle rigidity, High fever, Irregular pulse
Intravenous Anaesthetics-Thipentone sod. Ketamine, Propofol	Fluctuation in BP, Respiratory rate , Hallu cination

***Note-**

For all narcotics , neuromuscular, sedatives, injectable antipsychotic, IV anaesthetics, chemo drugs and intravenous infusion, monitoring should be documented in this chart in case of any adverse effect.

Left Over Narcotic Drug Discard Record

Name of Narcotic Drug	Left over quantity discarded	Reason for discard	Name & sig. of staff 1	Name & sig. staff 2

POST MEDICATION ADVERSE DRUG REACTION MONITORING CHART

S.No.	Medication Detail	Monitoring for Adverse Effect	Action Taken	Date & Time	Signature

In case of adverse drug reaction report to clinical pharmacologist at extension- 183/M-9017500711

- ☐ Omission Error
- ☐ Wrong Dose
- ☐ Dose Preparation Error
- ☐ Wrong Patient
- ☐ Others_____
- ☐ Wrong Time
- ☐ Wrong Rate of Administration
- ☐ Wrong Route
- ☐ Wrong Drug Adminstration
- ☐ Near MISS
- ☐ No Harm
- ☐ Wrong Drug Dispensing

Note:

1. Verbal order shall be counter singed by the doctor who ordered it within 24 hours of ordering.
2. Site of administration to be mentioned and to be verified wherever applicable

Date	Medication & Dose	Route	Site	Time	Sign of the Doctor/Staff (Who Received the Verbal Order)	Administering Nurse Sign	Verification by Doctor (Who Ordered Verbally)	Time

Infusion

Date	Name of Drug	Fluid	Dose (Unit)	Rate (Ml/Hr)	Administrating Date & Time	Sign. of Nurse	Doctor Name	
							Started by	Stopped by
3/7/22	INJ ALBUMIN	~~Inconst~~	100ml	20ml/HR	3/7/22	[illegible]	DVB	

INTRAVENOUS FLUID RECORD (INCLUDE BLOOD)

Name Of IV Fluid + Added Drug	Infusion Volume	Infusion Rate	Infusion Start Time	End Time	Doctor's Sign	Nurse Sign

RT FEED/DIET

NON DRUG ORDER

Investigation Sent Today	Investigation To Be Sent Next Morning	Reports To Be Collected
	KFT / Bilirubin → C/M	→ ~~Ascitic fluid - B.P~~ Urine R/E - R.P.

Referrals

Medication to be given STAT/SOS/Premedication

Medication and Dose	Route	Site	Dr. Sign	Given		Initials	
				Date	Time	N1	N2

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

Date 2/7/22

Patient identi... (Sticker)
Patients Name... Sex____ UHID____
IPD_____Co... Ward _____

SUNDER SINGH
59Y / M
305603/UHID
Dr. Vivek Bansal, D.M.
IPD [redacted]
6904/IAD/220

Page No

SIGNATURE SPECIFICATION SHEET

Sr. No.	Name of Doctor/Staff Nurse/Dietician/Physiotherapist/ Care Giver Team etc.	Designation	Initial Signature
1	DR Vivek Bansal	Consultant	
2			
3	DR Nakul	MO	
4	Sunita	Incharge	
5	MONIKA	M.O	Monika
	[illegible]	N/O	[illegible]
6	Vishnu Bishnoi	N/O	Vishnu

OP/F&F/PCM/126/00/2022

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

ADULT EARLY WARNING SCORE

Date. 29/8/22 Page No.

Patient identification/Address

Patients Name _____ UHID ____

IPD _____ Consultant Name _____

		White: 0				Yellow: 1									Orange: 2											Red: 3
	Time	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Consciousness	Repeated/ prolonged seizures																								
	Fall in GCS > 2																								
	Total GCS									✓		15			15/15									15/15	
	Unconscious																								
	Response to Pain																								
	Response to Voice																								
	Alert									✓		—			✓									✓	
Hemodynamic	Cardiac arrest																								
	Systolic BP<90 mmHg																								
	Systolic BP>90 mmHg									100/70		110/70			110/70									100/70	
	Pulse Rate >130/min																								
	Pulse Rate 50-129/min									84		83			84									83	
	Pulse Rate 0-50/ min																								
	Urine Output >0.5ml/ kg/Hr									—		—			✓									✓	
	Urine Output < 0.5ml/ kg/Hr																								
Respiration	Resp. Arrest																								
	RR >30																								
	RR 9 -29									20		19			18									20	
	RR <8																								
	O2 Saturation < 90 % on 40% O2 via face mask																								
	Stridor/ Upper Airway Obstruction																								

OP/F&F/PCM/18/00/2022

Time			08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Temperature	> 99.9 F (37.7 °C)																									
	> 95-97.7 F (35-36.5 °C)										98		98			98.1 F									98.1 F
	< 95 F (35 °C)																									
Total Score											0		0			0										0
SPO2											96%		98%			1 time										1 time
Intake	Oral/ RT	Time														2 hours										2 hours
		Qty																								
	IV	Time											9am													
		Fluids																								
		Qty														150 ml										150 ml
Output	Urine										900 ml															
	Stool												1 BM													
	Vomit																									
	Aspiration																									
	Others																									
Previous Day Balance _____ Total Intake 1050 ml Total Output 900 ml Balance 150 ml.																										
Remarks																										
Initials of Nursing Officer																										

Note : If advice needed – consider calling the consultant in- charge

Monitoring Plan: To be completed as part of the patient's plan and updated following patient review.

Early Warning Score escalation referral pathway

EWS 0	Cumulative EWS 1-4	Cumulative EWS 4-6 or 3 in any one parameter	EWS 7 or more
Frequency of Monitoring Minimum Every Shift **Clinical Response** • Continue Routine EWS monitoring with every set of observation • Inform Specialist Clinical Team of any clinical concern of symptoms that may not be scored on EWS	**Frequency of Monitoring** Minimum 4 Hours **Clinical Response** • Registered nurse must review patient and discuss it with the Nurse in-Charge • Specialist Clinical Team should be informed during their routine ward visit to establish treatment plan • The Nurse-in-Charge should call resident medical officer if assessment suggests that more urgent review is required.	**Frequency of Monitoring** Minimum 1 hour **Clinical Response** • Registered nurse must review patient and inform Nurse-in-Charge • Nurse-in-Charge to urgently inform the RMO/consultant: response time <30 minutes • Patient will be reviewed by the RMO/consultant who will notify the appropriate team.	**Frequency of Monitoring** **Minimum ½ hour** **Clinical Response** • Registered nurse must review patient and inform Nurse-in-Charge • Nurse-in-Charge to immediately inform the RMO/consultant: response time <15 minutes • Patient to be reviewed by the appropriate covering doctor and escalate it to a consultation level, where appropriate

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

ADULT EARLY WARNING SCORE

Patient identification/Addressogram (Sticker)

Patients Name _____ Age____ Sex____ UHID____

IPD_____ Consultant Name_____ Ward _____

Date. 3/9/22 Page No.

White: 0 | **Yellow: 1** | **Orange:2** | **Red: 3**

	Time	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Consciousness	Repeated/ prolonged seizures																								
	Fall in GCS > 2																								
	Total GCS		✓				✓		15/15																
	Unconscious																								
	Response to Pain																								
	Response to Voice																								
	Alert		✓				✓		✓																
Hemodynamic	Cardiac arrest																								
	Systolic BP<90 mmHg																								
	Systolic BP>90 mmHg		100/70				100/70		120/80																
	Pulse Rate >130/min																								
	Pulse Rate 50-129/min		80				82		86																
	Pulse Rate 0-50/ min																								
	Urine Output >0.5ml/ kg/Hr		✓				✓		✓																
	Urine Output < 0.5ml/ kg/Hr																								
Respiration	Resp. Arrest																								
	RR >30																								
	RR 9 -29		20				20		21																
	RR <8																								
	O2 Saturation < 90 % on 40% O2 via face mask																								
	Stridor/ Upper Airway Obstruction																								

OP/F&F/PCM/18/00/2022

Time			08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
Temperature	> 99.9 F (37.7 °C)																									
	> 95-97.7 F (35-36.5 °C)			99.4°F				98.4°F		98																
	< 95 F (35 °C)																									
Total Score										0																
SPO2				99%				98%		99%																
Intake	Oral/ RT	Time																								
		Qty		200		100		150		100																
	IV	Time																								
		Fluids																								
		Qty																								
Output	Urine																									
	Stool			200				200		150																
	Vomit																									
	Aspiration																									
	Others																									

Previous Day Balance________ Total Intake________ Total Output________ Balance________

Remarks																								
Initials of Nursing Officer		[illegible] 375				[illegible] 375																		

Note : If advice needed – consider calling the consultant in - charge

Monitoring Plan: To be completed as part of the patient's plan and updated following patient review.

Early Warning Score **escalation referral pathway**

EWS 0	Cumulative EWS 1-4	Cumulative EWS 4-6 (or 3 in any one parameter)	EWS 7 or more
Frequency of Monitoring Minimum Every Shift **Clinical Response** • Continue Routine EWS monitoring with every set of observation • Inform Specialist Clinical Team of any clinical concern of symptoms that may not be scored on EWS	**Frequency of Monitoring** Minimum 4 Hours **Clinical Response** • Registered nurse must review patient and discuss it with the Nurse in-Charge • Specialist Clinical Team should be informed during their routine ward visit to establish treatment plan • The Nurse-in-Charge should call resident medical officer if assessment suggests that more urgent review is required.	**Frequency of Monitoring** Minimum 1 hour **Clinical Response** • Registered nurse must review patient and inform Nurse-in-Charge • Nurse-in-Charge to urgently inform the RMO/consultant: response time <30 minutes • Patient will be reviewed by the RMO/consultant who will notify the appropriate team.	**Frequency of Monitoring** **Minimum ½ hour** **Clinical Response** • Registered nurse must review patient and inform Nurse-in-Charge • Nurse-in-Charge to immediately inform the RMO/consultant: response time <15 minutes • Patient to be reviewed by the appropriate covering doctor and escalate it to a consultation level, where appropriate

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

Patient identification/Addressogram (Sticker)
Patients Name _____ Age____ Sex____ UHID____
IPD_____ Consultant Name_____ Ward _____

Date 3/7/22 Page No

Clinical Notes (Consultant, Medical Officer, Nursing Officer)

Acuity is defined as the measurement of the intensity of nursing care required by a patient. An acuity-based staffing system regulates the number of nurses on a shift according to the patients' needs, and not according to raw patient numbers.
To translate acuity scores into equitable patient assignments, charge nurses collected the acuity tools that direct-care nurses completed for each patient, and calculated total acuity scores and acuity category scores near the end of their shift.
Rating options are 1 through 4, with 1 indicating the lowest acuity and 4 indicating the highest acuity. Ratings for all five criteria categories are summed up to obtain a total acuity score for each patient, ranging from 1 to 60. Then the total acuity scores are clustered into acuity category scores, which range from 1to4, with1 being the lowest acuity and 4 being the highest.

NURSING ACUITY TOOL

Acuity score	1	2	3	4	Morning	Evening	Night
Complicated procedures	1a. Pulse ox 1b. Foley 1c. Oral care	2a. >4LO$_2$ nasal cannula 2b. BIPAP/CPAP@ naps/night	3a. High-flow O$_2$/vent 3b. Continuous BIPAP	4a. Totalcare 4b. Restraints 4c. Total feed 4d. Confused, restless, combative	1a 1c	1a 1c	
		2c. Routine trach care ≤2 times/shift 2.d. PICC/central line 2e. NG tube 2f. Incontinent 2g. PCA(pt. control analgesia) 2h. rectal tube 2i. Isolation 2j. Fall risk	3c. Newtrach or frequent suctioning 3d. Trach care ≥ 3times/shift 3e Wound/skin care 3.f Ostomy 3.g. Assist w/ADLs 3h. Continuous bladderirrigation 3i. chest tube 3j. peritoneal dialysis 3k. Opioid/alcohol withdrawal assessment 3l. Unfinished admit	4e. High fall risk/SOMA bed 4f. Post code/rapid response team	4a 4d –	4a 4d –	
Education	1d. Standard (i.e., DM, HF) Prechecked=1	2k. New meds, side effects	3m. Discharge today 3n. Family education 3o. Pre/post procedure comprehend	4g. New diagnosis Inability to Multiple Co-morbidities	3n	3n	
Psychosocialor Therapeutic interventions (insertion/ removal) e.g. Foleys catheter/ICD/CVP/ Tracheostomy/ETT/ arterial line etc.	1e. ≤2 interventions per shift	2l. 3-5 interventions per shift	3p. 6-10 interventions per shift 3q. Diagnosis of delirium 3r. End of lifecare	4h. >10 interventions per shift	–	–	
Medications (oral)	1f. 1-5	2m. 6-10	3s. 11-15	4i. ≥16	1f	1f	
Complicated IV drugs and other meds	1g. Glucometer with coverage	2n. 2-5 IV meds	3t. K+ protocol 3u. Heparin protocol 3v. >5IV meds 3w . TPN	4j. Blood/blood products 4k. Tube feeding/ meds 4l. Cardiac drip (amiodarone, Cardizem, dopamine) 4m. Insulin drip/Infusion	2m	2m	
				Total Acuity Score	16	12	
				Total Acuity Category Score (1 to 15=1, 16 to 30=2, 31 to 45=3, **> 45=4**	2	2	

Date of Assessment: 3/1/22

NURSING ASSESSMENT & SHIFT HANDOVER

NURSING ASSESSMENT

Nursing assessment is the gathering of information about a patient's physiological, psychological, sociological, and spiritual status by anurse. Nursing assessment is used to identify current and future patient care needs. It incorporates the recognition of normal and abnormal body physiology.

Look for following during assessment:

Fever	Pain	Shortness of breath	Dry tongue/ Ulcer on tongue	Jaundice
Swelling	Edema	Abdominal distension	Bleeding from any site	Pus Discharge from any site
Restless/ Confused/ Combative	Altered sensorium	Awake/Not Awake	Aware/Not aware	Alert
Decreased vision	Facial palsy	Arm Weakness	Slurring of speech/Aphasia	Difficulty in urination/In-continence
Diminished hearing	Sweating	Stoma	Not Able to eat	Difficulty in Passing Stool
Any Others				

Nurisng Assessment	Morning	Evening	Night
	-Pain -Restless	Pain Restless	

Nursing Diagnosis

A nursing diagnosis maybe part of the nursing process and is a clinical judgment about individual, family, or community experiences / responses to actual or potential health problems/life processes. Nursing diagnosis are developed based on data obtained during the nursing assessment. (Nursing assessment is to be broadly based on nursing acuity form)

Examples of nursing diagnosis: These are individualized nursing care plans for various nursing diagnosis.

Activity Intolerance	Urge urinary incontinence	Ineffective airway clearance	Functional urinary incontinence
Acute confusion	Urinary retention	Ineffective coping	Reflex urinary incontinence
Acute pain	Risk for aspiration	Impaired physical mobility	Stress urinary incontinence
Anxiety	Risk for fall	Disturbed thought processes	Impaired gas exchange
Caregiver role strain	Risk for infection	Impaired tissue (skin) integrity	Diarrhea
Constipation	Risk for injury	Ineffective breathing pattern	Disturbed body image
Chronic pain	Risk for unstable blood glucose level	Impaired swallowing	Disturbed thought processes
Excess fluid volume	Self-care deficit	Imbalanced nutrition: less than body requirements	Imbalanced nutrition: more than body requirements
Fatigue	Urinary retention	Impaired urinary elimination	Deficient knowledge
Hyperthermia	Deficient fluid volume		

Nursing Diagnosis	Morning	Evening	Night
	-Acute pain -Risk for infection -Self care deficit	Acute pain Risk for infection	

Plan of care (Kindly Tick)

Specify Activities of Daily Living Assistance Given

General Nursing Care Plan:	✓ Bowel/gtt	✓ Enema	✓ Mouth care/mouth gargle	✓ Nail care	
Curative :	✓ Back care	✓ Nbm	✓ Drain	✓ Dressing	✓ Physiological support
	✓ IV fluid	✓ Antibiotic	✓ Symptomatic treatment	✓ Self-medication	
Bedsore Care :	✓ Continuous previous medication		✓ High risk medication		
	✓ Positioning changing		✓ Bedsore dressing	✓ Education given patient/relative	
Safety Care(avoid fall risk):	✓ Side rail provision		✓ Low bed height	✓ Continuous monitoring	
	✓ Light & sound monitoring		✓ Full time attendant	✓ Blood transfusion	
Diabetic Care:	✓ Oral drug	✓ Insulin plan			
Any phlebitis signs:	Yes/No	If yes then mention in clinical need section		✓ Cannula	
Risk Assessment form for DVT	Yes ✓	Assessment Score _____			

Any Other: _____

Any Change in Clinical need of patient or Any new finding e.g. new onset fever, vomiting, diarrhea, sweating, seizure, fall/rise in B.P, hypo/hyperglycaemia, chest pain, pain, shortness of breath etc.	N/A	✓	
Modification in care plan based upon change in clinical needs	As per medical Chart	✓	
Evaluation of care given:	Mg Comfort Done	✓	
Diet Ordered	Yes/ No	Yes/ No	Yes/ No

Events to be noted in each shift if any during shift, handover			
• Early warning sign	✓	✓	
• Cardiac arrest	✓	✓	
• Critical alert	✓	✓	
• Incidents like ADR, Fall, transfusion reaction	✓	✓	
• Any specific instruction regarding medications	✓	✓	
• Pending work eg. Investigation to be sent,transfer of the patient, discharge planning, report to be collected, referrals, pt.& family briefing about change in condition in your shift.	✓	✓	
• Suction machine mal function	✓	✓	
• Any episode of blood glucose <100/ >300	✓	✓	
• Any other	✓	✓	
Name & Signature	Lungsung 3rd N/a		Name & Signature

Date of Assessment: 3/1/22

(For Duty Doctor/Sr.Resident/Resident Medical Officer)

Assessment Criteria & Parameters	Morning Shift	Evening Shift	Night Shift
Subjective: • Pt. background(medical history) • Reason of admission • Change in pt. condition • Punch line of what you want to convey to next M.O. e.g. groaning on bed with hands on abdomen, intractable vomiting & altered sensorium etc.	Δ CLD -		
Objective: • Early warning signs(Yes/No), If Yes, please specify • Any Critical Alert in your shift	- No [illegible]		
Assessment: Clinical findings e.g. Vulnerable/ Threatened airway/ Respiratory arrest/ Hypotension/ Prolonged seizure/ Bleeding/ Less urine output/ High fever/ Intolerable pain/ Shortness of breath/ Vomiting/ Abdominal distension/Redness of eye/Ryles tube aspirate	[illegible]		
Plan(In terms of SOSD): **S**=Salvage(BLS/ALS/PLS in your duty) **O**=Optimize what you can measure, interpret & apply e.g. Blood sugar,pain,fever,CVP, vitals **S**=Support failing organs e.g. Ventilator/Dialysis/Glucose Infusion/Ionotropes **D**=Descalate unwarranted treatment e.g. blood thinner in hematuria.	Vitals stable		
Pending/intervention done in your shift e.g. transfer of the patient, discharge planning, report to be collected, investigation to be sent, referrals, blood transfusion status, treatment change in your shift, pt. & family briefing about change in condition in your shift	- [illegible] - [illegible]		
Name & Signature	[signature]		

Consultant Progress Notes: (Any need to salvage(resusitate) the patient, any step for optimizing the patient, any organ support/stablizing measures required & de-escalation of medication/procedure(SOSD) is to be written in care plan.)

Quality Medical Care at Affordable Cost
PAYCLINIC/EMERGENCY OPD SLIP

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
ओ.पी. जिन्दल इंस्टीट्यूट ऑफ कैंसर एण्ड कार्डियक रिसर्च
Model Town, Hisar – 125005 (मॉडल टाऊन, हिसार–125005)
Ph : 01662-221169, 220169, 9896539128, 9896539182
Email : info@ncjims.org website : www.ncjims.org

GSTIN : 06AAATO1462C1Z1

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH R.No.: 64871/OPRRC22OP(02-Jul-2022)

Dr. Vivek Bansal, D.M.	Patient Name : SUNDER SINGH	OPD Type	: Emergency OPD
	Address : DHANI	Reg. Date & Time	: 02-Jul-2022 14.14
Reg. No. : HMC-HN-16435	Age / Gender : 59Y / Male Mob. : 9812595472	Registration Charge	: 200 New
Deptt. : Gestroentrology	Patient ID : 305503/UHID	V.From : 02-Jul-2022	V.To : 02-Jul-2022
	OPD No. : 6323/OEO/22O	Daily No.	: 6

Chamber No-500

RBS – 106 mg/dl

Vitals : BP 90/60 Weight _____ Height _____ HR 86 Temp _____ Allergy :Drug _______ Food ______ Other ________

Nutritional Screening : Normal/Obese/Under Nutritioned Asso. Disease : HT____ CAD____ DM ____ CA ___CVA ____

Diet : Normal/Diabetic/Salt Restricted/Renal/Diabetic Renal

No Pain 1-10 VAS Numeric Pain Distress Scale Moderate Pain Unbeatable pain
0 1 2 3 4 5 6 7 8 9 10
Rx

Patient History : Jaundice × 4 month
Abd. Distension

Presumptive Diagnosis: CLD – ascites
Hepatitis B +ve

Patient Examination & Investigation Advice	Medicine Strength Dose Instruction Duration
Abd distended.	Rx
HBV / HCV – negative	① Inj Pantocid 40mg 12 hourly
Adv	② Inj Oframax Forte 1.5g 12 hourly
Ascitic tap – 3 litre ↓	③ Syp Looz 15ml HS
① Fluid protein / albumin / TLC / DLC	④ Inj Tramadol 100mg TDS –
② Admit & Economy ward	⑤ Inj Vit K 1 OD –
[illegible] negative	⑥ Tab Udiliv 300mg BD –
③ CBC / Bilirubin / Creatinine	⑦ Tab Mucinac 600mg BD –
INR / albumin.	⑧ Tab Tenofovir 300mg OD. –

Preventive Advice :

Scanned with CamScanner

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

Patient identification/Addressogram (Sticker)
Patients Name _____ Age____ Sex____ UHID____
IPD_____ Consultant Name_____ Ward _____

Date

Page No.

PROGRESS NOTES

*Note:

- Treating doctors to re-assess & document change in plan of care & desired goals of treatment atleast once a day. The same should be explained to the patients & family.
- Any need to salvage(resusitate) the patient, any step for optimizing the patient, any organ support/stablizing measures required & de-escalation of medication/procedure(SOSD) is to be written in care plan.

EARLY WARNING SIGNS (EWS)

Respiration	All Resp. Arrest	RR<8 or >30	O_2 Saturation < 90 % on 40% O_2 via face mask	Stridor Upper Airway Obstruction Threatened airway
Hemodynamic	All Cardiac Arrest	Systolic BP<90 mmHg	Pulse Rate<50/min or >130/min	Urine Output < 0.5 ML/Kg/Hr.
Consciousness	Sudden fall in the level of consciousness. Fall in GCS>2		Repeated or prolonged seizures	A: Alert V: Response to Voice P: Response to Pain U: Unconscious
Temperature	< 35℃ (95℉)		> 37.7℃ (100℉)	

DATE & TIME	EXAMINATION/ANY OBSERVATION ANY EWS	CHANGE IN PLAN OF CARE & GOAL OF TREATMENT	SIGN.

OP/F&F/PCM/122/00/2022

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

Patient iden (Sticker)
Patients Nar ge Sex UHID
IPD C Ward
Date Page No

SUNDER SINGH
58Y / M
306503/UHID
Dr. Vivek Bansal, D.M
IPD
6904/IAD/220

*Note:

- Treating doctors to re-assess & document change in plan of care & desired goals of treatment atleast once a day. The same should be explained to the patients & family.
- Any need to salvage(resusitate) the patient, any step for optimizing the patient, any organ support/stablizing measures required & de-escalation of medication/procedure(SOSD) is to be written in care plan.

PROGRESS NOTES

EARLY WARNING SIGNS (EWS)

Respiration	All Resp. Arrest	RR<8 or >30	O_2 Saturation < 90 % on 40% O_2 via face mask	Stridor Upper Airway Obstruction Threatened airway
Hemodynamic	All Cardiac Arrest	Systolic BP<90 mmHg	Pulse Rate<50/min or >130/min	Urine Output < 0.5 ML/Kg/Hr.
Consciousness	Sudden fall in the level of consciousness. Fall in GCS>2		Repeated or prolonged seizures	A: Alert V: Response to Voice P: Response to Pain U: Unconscious
Temperature	< 35°C (95°F)		> 37.7°C (100°F)	

DATE & TIME	EXAMINATION/ANY OBSERVATION ANY EWS	CHANGE IN PLAN OF CARE & GOAL OF TREATMENT	SIGN.
	13/7/22.		
	HBV CLD – Ascites – HIGH CALC/LOW PROTEIN LYMPHOCYTES └ DIURETICS └ Small Eso varices.		
	Adv.		
	① TB INHAMGD 5mg TDS ✓		
	② IN ALBUMIN 20% OVER 4 HOURS. ✓		
	③ URINE RE ✓ ⑥ RBS DAILY		
	④ KFT / ELECTROLYTES ✓		
	⑤ TB ENTECAVIR 0.5mg OD ✓		

Hep. B – Positive

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

Date 3/7/22

Patient identificatio... (cker)

Patients Name ____ ...x____ UHID____

IPD____Consultan... _ Ward ____

SUNDER SINGH
58Y / M
305603/UHID
Dr. Vivek Bansal, D.M.
IPD [redacted]
6904/IAD/22O

Page No

MEDICATION ADMINISTRATION RECORD

Previous Hospitalization Yes/ No	Weight in Kg	Height	Body Surface area	Special diet
	–	–	CLEAN	SOA / DIET
Drug allergies UNKNOWN	**Diagnosis** CLD			
Blood group NOT DONE	**Surgery/Procedure**			
	Date of Surgery			

Note:

- All Drug Name will be written in capital letters by doctor
- Standard Timing: Once a day : 10am, Twice a day 10am-10pm, Four times a day: 12-6-12-6, 8Hrly: 6am-2pm-10pm, Key :WH- With held
- Any change in drug therapy must be altered by a newly written prescription, do not alter existing instruction
- A cancellation of drug must be denoted by a clear line through the prescription and initialled by the physician.
- Actual timings may vary as per ward routine. Administration of drugs half-an-hour before and after are acceptable.
- Use only approved abbreviation present in medication usage manual.
- High risk medication will be double verified before administering the drug

Medication Reconciliation At The Time Of Admission Before Prescribing Current Medication

Home Medication at Time of Admission		Current Prescription Reconciled with Home Medication
		Primary Consultant/MO Signature.
		Nurse Officer Signature

Medication Reconciliation At Transfer From One Ward To Other & Cross Consultation

Current Prescription Reconciled before prescribing new medication at Cross Consultation		Consultant/MO Signature	Nurse Officer Signature
Referred/ Transfer From	Referred/ Transfer To		
Referred/ Transfer From	Referred/ Transfer To		
Referred/ Transfer From	Referred/ Transfer To		
Referred/ Transfer From	Referred/ Transfer To		
Referred/ Transfer From	Referred/ Transfer To		

Reconciliation of Current Medication At Discharge With Updated Home Medication List	Consultant/MO Signature	Nurse Officer Signature

Hep. B → +ve

Diagnosis:- CLD Date of Admission:- 2/7/22 Day in ICU/Ward 2nd DAY

Antibiotics Medications	Dose	Route	Fequency	Started By	Started On	Time / Initial	Time / Initial	Time / Initial	Time / Initial	Time / Initial	Adverse Drug Reaction
INJ. ~~CEFRAMAX~~ FORTE (CEFPERAZONE + SULBACTAM)	1.5gm	IV	12 HORLY		2/7	6AM		10PM			
IN TAZACT 2.25	~~4.5g~~		8HOURLY		3/7			4:30PM			
Steriod											
Sedation/Analgesia											
INJ. TRAMADOL +100ML NS	1AMP	IV	~~8 HOURLY~~ SOS		2/7	6AM		~~2PM~~	10PM		
Stress Ulcer Prophylaxis/Antiemetics											
INJ PANTOP	40mg	IV	12 HORLY		2/7	6AM		6PM			
Other Supportive											
INT. VIT K-	1AMP	IV	24 HORLY		2/7	10AM					
RBS			24 HRLY		3/7					6PM	
TAP -											
Oral Drugs											
SYP. LOQ2	15ML	P/O	AT NIGHT		2/7			10PM			
TAP- ~~ENTECAVIR~~ ENTAVIR.	0.5mg	P/O	24HRLY		3/7/22						
TAB. UDILIV	300mg	P/O	12 HORLY		2/7	10AM		10PM			
TAB. MUCINAC	600mg	P/O	12 HORLY		2/7	10AM		10PM			
TAB. TENOFOVIR (TAD)	300mg	P/O	24 HORLY		2/7	10AM					
Nebulisation TAP- INRAMAD	5MG	P/O	8 HRLY		3/7/22			STAT DOSE			

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

Patient iden (Sticker)
Patients Nar ge____Sex____ UHID____
IPD_____C Ward _____

SUNDER SINGH
58Y / M
306503/UHID
Dr. Vivek Bansal, D.M
IPD
6904/IAD/220

Date

Page No

PROGRESS NOTES

*Note:

- Treating doctors to re-assess & document change in plan of care & desired goals of treatment atleast once a day. The same should be explained to the patients & family.
- Any need to salvage(resusitate) the patient, any step for optimizing the patient, any organ support/stablizing measures required & de-escalation of medication/procedure(SOSD) is to be written in care plan.

EARLY WARNING SIGNS (EWS)

Respiration	All Resp. Arrest	RR<8 or >30	O_2 Saturation < 90 % on 40% O_2 via face mask	Stridor Upper Airway Obstruction Threatened airway
Hemodynamic	All Cardiac Arrest	Systolic BP<90 mmHg	Pulse Rate<50/min or >130/min	Urine Output < 0.5 ML/Kg/Hr.
Consciousness	Sudden fall in the level of consciousness. Fall in GCS>2		Repeated or prolonged seizures	A: Alert V: Response to Voice P: Response to Pain U: Unconscious
Temperature	< 35°C (95°F)		> 37.7°C (100°F)	

DATE & TIME	EXAMINATION/ANY OBSERVATION ANY EWS	CHANGE IN PLAN OF CARE & GOAL OF TREATMENT	SIGN.
	13/7/22.		
	HBV CLD – ASCITES – LYMPHOCYTES HIGH CMC/LOW Protein INTUNDLCC Small Eso varices.		
	Adv.		
	① TB INHAMGD 5mg TDS ✓		
	② IN ALBUMIN 20% OVER 4 HOURS. ✓		
	③ URINE RE. ✓ ⑥ RBS DAILY		
	④ KFT / ELECTROLYTES -		
	⑤ TB ENTECAVIR 0.5mg OD -		

JIMS

GSTIN : 06AAATO1462C1Z1
DL No. 6376-OB/R, 6376-B/R

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Model Town Hisar
Phone No.:01662-221169, 220511

Medicine issue/ Consumption Slip Credit

Issue No.	: 70777/PIS/22O	UHID No.	: 305503/UHID	Date	: 03-Jul-2022
Patient Name	: SUNDER SINGH			Patient Type	: IPD (824-ECON)
Patient Add.	: DHANI KHANBAHADUR,BARWALA(128) HISAR			Reg. No.	: 6904/IAD/22O
Prescribed By	: Dr. Vivek Bansal, D.M. Gestroentrology			Ward	: Economy Ward (NS)
Department	: Pharmacy Store Retail			Req.App.Date	:

S.No.	Medicine Name	Req. No.	Qty.	Manuf. By	Batch No.	Expiry	MRP	Rate	Amount
1	INJ-FLEXBUMIN-20%-100ML	58697/NRQ/22O	1	Baxalta Us Inc.	LB062265	10/23	6,340.00	4,690.85	4,690.85
2	INJ-TAZOMAC-2.25GM	58697/NRQ/22O	3	Macleods	LTB2204A	01/25	193.78	128.36	385.08
3	LANCET-ULTRA-SAFETY	58697/NRQ/22O	5	NA	210901	08/26	15.00	3.86	19.32
4	LINE-PMO-200CM	58697/NRQ/22O	1	Romsons Juniour India	G220310967	02/27	315.00	26.55	26.55
5	SYRINGE-DISPO-50ML-HMD	58697/NRQ/22O	1	Hindustan Syringe	221502WJR1	04/27	46.00	24.23	24.23
6	TAB-INRAMED--5MG	58697/NRQ/22O	10	Mylan Pharmaceuticals	3144184	10/23	90.00	82.80	827.99

Payment Mode

Amount
5,974.00

Gross Amount	:	-
Discount	:	-
Bill Amount	:	-
Net Amount	:	-

Amount in words : Five Thousand Nine Hundred Seventy Four Rupee Only

Please check the medicines before leaving counter.
Kindly produce original bill for return of goods.
Damaged goods & goods without expiry and batch no. will not be exchaged or returned.
All disputes subject to HISAR Jurisdiction only.

Prepared By : PODEEP225

Printed by PODEEP225 on 03-Jul-2022 15:35

Registered Pharmacist

O.P. JINDAL INSTITUTE OF CANCER & CARDIAC RESEARCH

Quality Medical Care At Affordable Cost

SUNDER SINGH
59Y / M
305503/UHID
Dr. Vivek Bansal, D.M.
IPD
6904/IAD/220

SUNDER SINGH
59Y / M
305503/UHID
Dr. Vivek Bansal, D.M.
IPD
6904/IAD/220

SUNDER SINGH
59Y / M
305503/UHID
Dr. Vivek Bansal, D.M.
IPD
6904/IAD/220

SUNDER SINGH
59Y / M
305503/UHID
Dr. Vivek Bansal, D.M.
IPD
6904/IAD/220

Quality Medical Care At Affordable Cost...

S33 - O P JINDAL INSTITUTE OF CANCER & RESEARCH
Dabra B.O

824

Name	: SUNDER SINGH			Collected	: 2/7/2022 6:29:00PM
Lab No.	: 382841007	Age: 59 Years	Gender: Male	Received	: 2/7/2022 6:30:18PM
				Reported	: 2/7/2022 10:54:43PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
ALBUMIN, FLUID (Spectrophotometry)			
Type of Fluid	ASCITIC		
Albumin	0.34	g/dL	Not Established

Note: Reference range for Albumin is not established for body fluids. Physician to correlate clinically.

PROTEIN TOTAL, BODY FLUID		
Type of Fluid	ASCITIC	
Protein, Total	0.90	g/dL

Interpretation

FLUID	RESULT IN g/dL
Transudate	<2
Exudate :	>2

DLC (DIFFERENTIAL LEUCOCYTE COUNT), FLUID (Manual)		
Neutrophils	4.00	%
Lymphocytes	96.00	%
Atypical cells	No malignant cells seen.	

TLC (TOTAL LEUCOCYTE COUNT), FLUID (Manual)		
Type of Fluid	ASCITIC	

38 - O P JINDAL INSTITUTE OF CANCER & RESEARCH
Dabra B.O

Name	: SUNDER SINGH						
Lab No.	: 382841007	Age: 59 Years		Gender:	Male	Collected	: 2/7/2022 6:29:00PM
A/c Status	: P	Ref By :	Dr. VIVEK BANSAL			Received	: 2/7/2022 6:30:18PM
						Reported	: 2/7/2022 10:54:43PM
						Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
Result	810.00	/mm3	Not Established

PathLabs

Regd. Office/National Reference Lab: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

8 - O P JINDAL INSTITUTE OF CANCER &
RESEARCH
Dabra B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 6:29:00PM
Lab No.	: 382841007	Age: 59 Years	Gender: Male	Received	: 2/7/2022 6:30:18PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Reported	: 2/7/2022 10:54:43PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
BED NO/ WARD NO			
BED NO/ WARD NO	824-ECON		
UHID/CR NO			
UHID/CR NO	305503/UHID		

Dr Dinesh Garg
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

Dr Satish K. Saini
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

----------End of report ----------

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory.•Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Sample repeats are accepted on request of Referring Physician within 7 days post reporting.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes.•Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

O.P. JINDAL INSTITUTE OF
CANCER & CARDIAC RESEARCH
Quality Medical Care At Affordable Cost

SUNDER SINGH
59Y / M
305503/UHID
Dr. Vivek Bansal, D.M
IPD
6904/IAD/220

Patient identification/Adc
Patients Name _____ UHID____
IPD_____Consultant Name_____

Date

Page No

LAB INVESTIGATION CHART

Date ⟶	2/7/22				
HB	11·30				
TLC	5·80				
DLC					
ESR					
Platelets	119				
PT	10·60				
PTTK					
INR	1·85				
B. Sugar					
B. Urea					
S. Cr.	3.40				
S.Na+					
S.K+					
Magnesium					
Calcium					
Phosphorus					
S. Bill(Total)	16·69				
Direct	8·70				
In-Direct	7·99				
SGOT	.				
SGPT	70·0				
ALP					
GGT					
Total Protein					
Albumin					
Urine R					
M/E					
CPK					
CPK-MB					
Troponin-T					
ABG					
pH					
CO2					
PaO2					
Bicarbonate					
Phosphate					
HBsAg					
Hepatitis-C					
HIV					
Uric Acid					
Others					

OP/F&F/COM/84/00/2022

Dr Lal PathLabs
Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-30258600, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC066

S28 - O P JINDAL INSTITUTE OF CANCER & RESEARCH
Dabra B.O

Economy 1-7-22

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
				Reported	: 2/7/2022 6:05:40PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
COMPLETE BLOOD COUNT (CBC) (Electrical Impedence & VCS)			
Hemoglobin	11.30	g/dL	13.00 - 17.00
Packed Cell Volume (PCV)	34.60	%	40.00 - 50.00
RBC Count	3.71	mill/mm3	4.50 - 5.50
MCV	93.30	fL	83.00 - 101.00
MCH	30.50	pg	27.00 - 32.00
MCHC	32.60	g/dL	31.50 - 34.50
Red Cell Distribution Width (RDW)	22.80	%	11.60 - 14.00
Total Leukocyte Count (TLC)	5.80	thou/mm3	4.00 - 10.00
Differential Leucocyte Count (DLC)			
Segmented Neutrophils	71.30	%	40.00 - 80.00
Lymphocytes	17.90	%	20.00 - 40.00
Monocytes	6.30	%	2.00 - 10.00
Eosinophils	4.00	%	1.00 - 6.00
Basophils	0.50	%	<2.00
Absolute Leucocyte Count			
Neutrophils	4.14	thou/mm3	2.00 - 7.00
Lymphocytes	1.04	thou/mm3	1.00 - 3.00
Monocytes	0.37	thou/mm3	0.20 - 1.00
Eosinophils	0.23	thou/mm3	0.02 - 0.50
Basophils	0.03	thou/mm3	0.02 - 0.10
Platelet Count	119.00	thou/mm3	150.00 - 410.00
Mean Platelet Volume	9.60	fL	6.5 - 12.0

Predominantly normocytic normochromic RBCs.
anisocytosis ++,
TLC and DLC are within normal limits.
Platelets are mildly decreased.
No Hemoparasites seen

Lal PathLabs
Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-30258600, 3988-5050. Fax: +91-11-2788-2134. E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com. CIN No.: L74899DL1995PLC065388

O P JINDAL INSTITUTE OF CANCER &
EARCH
/a B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Reported	: 2/7/2022 6:05:40PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
Advised:			
Followup and clinical correlation			
Result Rechecked,			
Please Correlate Clinically.			

Note

1. As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood
2. Test conducted on EDTA whole blood

Lal PathLabs
Regd. Office/National Reference Lab: Dr Lal PathLabs Ltd., Block E, Sector 18, Rohini, New Delhi - 110085
Tel: +91-11-30256600, 3988-5050. Fax: +91-11-2786-2134. E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com. CIN No.: L74899DL1995PLC065388

- O P JINDAL INSTITUTE OF CANCER &
SEARCH
abra B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
				Reported	: 2/7/2022 6:05:40PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
ALBUMIN, SERUM (BCP)	2.28	g/dL	3.4 - 5.0
PROTHROMBIN TIME STUDIES (Photo optical Clot Detection)			
Mean Normal Prothrombin Time (PT)	10.60	sec	
Patient value	19.50	sec	9.60 - 11.60
Prothrombin Ratio (PR)	1.84		
International Normalized Ratio (INR)	1.85		0.90 - 1.10

Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Recommended Therapeutic range for Oral Anticoagulant therapy

INR 2.0-3.0 :

- Treatment of Venous thrombosis & Pulmonary embolism
- Prophylaxis of Venous thrombosis (High risk surgery)
- Prevention of systemic embolism in tissue heart valves, AMI, Valvular heart disease & Atrial fibrillation
- Bileaflet mechanical valve in aortic position

INR 2.5-3.5:

- Mechanical prosthetic valves
- Systemic recurrent emboli

Comments

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Lal PathLabs
Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-30258600, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

O P JINDAL INSTITUTE OF CANCER &
EARCH
ra B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
				Reported	: 2/7/2022 6:05:40PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
CREATININE, SERUM (Compensated Jaffe's reaction, IDMS traceable)	3.40	mg/dL	0.67 - 1.17

ADVICE: CKD RISK MAP

KDIGO guideline, 2012 recommends Chronic Kidney disease (CKD) should be classified based on cause, GFR category and albuminuria (ACR) category. GFR & ACR category combined together reflect risk of progression and helps clinician to identify individuals who are progressing at more rapid rate than anticipated

ALT (SGPT), SERUM (IFCC)	70.0	U/L	<50

O P JINDAL INSTITUTE OF CANCER &
EARCH
ora B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Reported	: 2/7/2022 6:05:40PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
BILIRUBIN TOTAL, DIRECT AND INDIRECT, SERUM (DPD, Calculated)			
Bilirubin Total	16.69	mg/dL	0.30 - 1.20
Result Rechecked, Please Correlate Clinically.			
Bilirubin Direct	8.70	mg/dL	<0.30
Bilirubin Indirect	7.99	mg/dL	<1.10

Lal PathLabs

Regd. Office/National Reference Lab: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085
Tel: +91-11-30258600, 3988-5050, Fax: +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com
Web: www.lalpathlabs.com, CIN No.: L74899DL1995PLC065388

. O P JINDAL INSTITUTE OF CANCER &
SEARCH
ibra B.O

Name	: SUNDER SINGH			Collected	: 2/7/2022 4:44:00PM
Lab No.	: 382841116	Age: 59 Years	Gender: Male	Received	: 2/7/2022 4:44:23PM
A/c Status	: P	Ref By : Dr. VIVEK BANSAL		Reported	: 2/7/2022 6:05:40PM
				Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
BED NO/ WARD NO			
BED NO/ WARD NO	TRG-10(A)		
UHID/CR NO			
UHID/CR NO	305503/UHID		

Dr Satish K. Saini
MD, Pathology
Chief of Laboratory
Dr Lal PathLabs Ltd

Dr Dinesh Garg
MD, Pathology
Consultant Pathologist
Dr Lal PathLabs Ltd

----------End of report ----------

IMPORTANT INSTRUCTIONS

•Test results released pertain to the specimen submitted.•All test results are dependent on the quality of the sample received by the Laboratory. •Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.•Sample repeats are accepted on request of Referring Physician within 7 days post reporting.•Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.•Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.•Test results may show interlaboratory variations.•The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).•Test results are not valid for medico legal purposes. •Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
(#) Sample drawn from outside source.

If test results are alarming or unexpected, client is advised to contact the laboratory immediately for possible remedial action.
@ Tests conducted at Referral Lab.